MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03850

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 1 mon. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 109 Calveston Pl., S.W., Apt. 4

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Elizabeth (Last) ALTIZER

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1949

5. SEX: female

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 6-10-94

9. AGE last birthday: 54 yrs. If under 1 year: Months 9 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ATKINS, Charles W.Va.

14. MOTHER'S MAIDEN NAME: MESSINGER, Mary W.Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: daughter: Mrs. Ruth Stratten

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175 Immediate cause (a) Carcinoma, ovary, metastatic — Interval between onset and death: 1 yr.

Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1949, to April 5, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph J. ZUSKA, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE: Apr. 9, 1949
NAME OF CEMETERY OR CREMATORY: Oaklawn
LOCATION (City, town, or county) (State): Huntington, W.Va.

DATE REC'D BY LOCAL REG. 4-6-49

REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR: W. W. Chambers, 517 11th St., S.W., Wash., D.C. ADDRESS

(J.D.P.)

RECEIVED
APR 7 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03851

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 724 Varnum St., N. W.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) McClelan (Last) BAKER

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1949

5. SEX male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 11-23-89
9. AGE last birthday 59 yrs. If under 1 year Months 4 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman - Guard
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME BAKER, Charles H.
14. MOTHER'S MAIDEN NAME SULLIVAN, Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT brother: Mr. Charles Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cirrhosis of Liver	15 Months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Uremia	7 Months

581.0
124b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1949, to April 21, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 8:40 P m., from the causes and on the date stated above.

SIGNATURE J. T. Jones Jr. (Degree or title) J. T. JONES, Jr., Lt. JG MC USN, ADDRESS US NAVAL HOSPITAL, Bethesda, Md. DATE SIGNED 4-22-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 4-25-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 4-22-49
REGISTRAR'S SIGNATURE Mary C. Patterson
Mary C. Patterson
Registrar

24. FUNERAL DIRECTOR Francis J. Collins
ADDRESS Francis J. Collins, 3821 14th St., N.W. Wash., D.C.

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APR 23 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03852

Reg. Dist. No. 7-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery County; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring-Rural; LENGTH OF STAY (in this place): 14 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural, give location): 2929 Connecticut Ave. N.W.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) H (Last) Bateman

4. DATE OF DEATH: (Month) Apr (Day) 16 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2/14/1903

9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry D Bateman

14. MOTHER'S MAIDEN NAME: Ida Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 402-01-9942

17. INFORMANT: Mrs. Arvella Bateman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral edema due to acute alcoholism — Interval between onset and death: 1 day

Antecedent cause(s) 322.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 77C

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3rd, 1948 Exam to Case, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:57 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broschart M.D. Yachtsman Md 4-16-49
Def'd Exam.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

4-17-49 — Wilson N.C. Wilson, N. Carolina

DATE REC'D BY LOCAL REG. 4-16-49 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

H. Bentley Deputy | Jos. Gawler's Sons - 1756 Pa. Ave. N.W.

Apr. 19, 1949 Documents in shaffer

D.C. 6.

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APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03853

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 35 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6327 Meadow Lane

3. NAME OF DECEASED (Type or Print): (First) ANN (Middle) CLARKE (Last) BEACHE

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: April 17, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY? AMERICA - U.S.

13. FATHER'S NAME: Alex Clarke

14. MOTHER'S MAIDEN NAME: EMMA Saffell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 15 hrs

420.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Heart Disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15 1949, to April 27, 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 7:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lewis Corman MD — ADDRESS — DATE SIGNED 4/27/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE April 30 1949 — NAME OF CEMETERY OR CREMATORY Mount Olivet — LOCATION (City, town, or county) (State) Blaidensburg Road Washington, D.C.

DATE REC'D BY LOCAL REG. 4-27-49 — REGISTRAR'S SIGNATURE H.E. Jobes

24. FUNERAL DIRECTOR P.J. Saffell — ADDRESS 475 H. St. NW. Washington, D.C.

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APR 28 1949
BUREAU V. S.

EVIDENCE FOR ADDITION IN 196. IS ON:

~~JUN No. G ... JUN -6 1949~~
~~REG. NO. G 120 JUN -6 1949~~

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03854

CERTIFICATE OF DEATH

Reg. Dist. No. L 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL,	STREET ADDRESS (If rural give location): 22 8th Street

3. NAME OF DECEASED (Type or Print)	(First) Walter	(Middle) (n)	(Last) Bell	4. DATE OF DEATH	(Month) April	(Day) 8	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 1-10-81	9. AGE last birthday: 68 yrs.	If under 1 year Months: 2	Days: 28	If under 24 hrs. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Va.	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: John Bell	14. MOTHER'S MAIDEN NAME: Lilly Darr						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WWI	16. SOCIAL SECURITY NO.:	17. INFORMANT: Mrs. Francis Payne, daughter					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610 Immediate cause (a) Schock -

Antecedent cause(s)

137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Post-operative hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: Benign Prostate	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (6/6/49) a.s. (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1949, to April 8, 1949, that I last saw the deceased alive on April 8, 1949, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature] W. W. Miller, Jr.	Lt. MSC USN	US Naval Hospital, Bethesda, Md.	4-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4-15-49	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county): Arlington	(State): Virginia
DATE REC'D BY LOCAL REG.: 4-8-49	REGISTRAR'S SIGNATURE: Mary C. Patterson (signature) Mary C. Patterson Registrar	24. FUNERAL DIRECTOR: Jarvis Funeral Home	ADDRESS: 1432 U St. SW WDC	

J.W.H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1949
BUREAU V. S.

03855

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~223~~ 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9002- Kimes St. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: 6125-58th Ave. — COUNTY: Riverdale Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Pg. Co
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First): Genevieve (Middle): Cecelia (Last): Bond.
4. DATE OF DEATH (Month): April (Day): 15 (Year): 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May. 12, 1874
9. AGE last birthday: 74 yrs. — If under 1 year: Months 11, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Ireland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Flemming
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sylvester C. Bond.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute Cardiac Failure

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Arterio-sclerotic Heart Disease

93d (c): Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3, 1949, to 4-15, 1949, that I last saw the deceased alive on 4-9, 1949, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE: Dean H. Harding (Degree or title): M.D. ADDRESS: 113 Carroll St N.W. DATE SIGNED: 4-15-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 18, 1949
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln
LOCATION (City, town, or county) (State): Princ George

DATE REC'D BY LOCAL REG.: April 15 1949
REGISTRAR'S SIGNATURE: James Sevay
24. FUNERAL DIRECTOR: W.W. Chambers Co. ADDRESS: 5801-Cleveland Ave.

Apr. 19, 1949 Josephine M. Schaeffer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Bond Genevieve

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APR 22 1949
BUREAU V. S.

03856

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg, Gaithersburg MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 3 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home	STREET ADDRESS (If rural give location) Gaithersburg. Md,

3. NAME OF DECEASED (Type or Print)	(First) Jesse	(Middle) Darby	(Last) Boyer	4. DATE OF DEATH	(Month) April	(Day) 16	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct 7.1866	9. AGE last birthday 82 yrs.	If under 1 year Months 6	Days 9	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Damascus Md,	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Milton Boyer	14. MOTHER'S MAIDEN NAME Elizabeth W Purdum						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records, Asbury Methodist Home					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Interstitial Nephritis	3 mo - 20 days
422.2 Antecedent cause(s)	(b) acute bronchitis	3-4 weeks
131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) myocardial insufficiency	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓	HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Nov-24-, 1948, to April-16-, 1949 that I last saw the deceased alive on April-16-, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William C. Miller	MD	7-Brooks Ave, Gaithersburg, Md	Apr. 17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/19/49	NAME OF CEMETERY OR CREMATORY Montgomery Chapel	LOCATION (City, town, or county) Damascus Md, (State)
DATE REC'D BY LOCAL REG. April 17, 1949	REGISTRAR'S SIGNATURE Alfred G. Cooke	24. FUNERAL DIRECTOR Ernest C. Gartner	ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1949
BUREAU V. S.

FILM No. G 120 MAY 28 1949 SHOWS EVIDENCE FOR CORRECTION OF BIRTH DATE.

Evidence for change and addition of middle name shown on:

FILM No. G 120 MAY 3 1949

03867

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 23 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 8600 Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5610 Southwick St

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) Thomas (Last) Boylen

4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH November 22 1886
9. AGE last birthday 62 yrs. If under 1 year Months 5 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Hydrographic office
10b. KIND OF BUSINESS OR INDUSTRY Navy Dept
11. BIRTHPLACE (State or foreign country) Malden Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alfred Boylen
14. MOTHER'S MAIDEN NAME Sarah Wigglesworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis acute	2 days
Antecedent cause(s)	(b) arterial Hypertension	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio Sclerosis	8 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Vascular accident Left side	1 year

420.1

94 a

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 April, 1949, to 23 April, 1949, that I last saw the deceased alive on 22 April, 1949, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE John G. Ball (Degree or title) M. D. ADDRESS 7936 Georgetown Rd Bethesda Md. DATE SIGNED 23 April 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/26/49
NAME OF CEMETERY OR CREMATORY Wyoming Cemetery
LOCATION (City, town, or county) (State) Melrose, Massachusetts

DATE REC'D BY LOCAL REG. 4-25-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 27 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

43858

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 31 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital Inc	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) R # 1
3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Theresa (Last) Burriss	4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Dec. 15, 1873
9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): Howard Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. John Thompson	14. MOTHER'S MAIDEN NAME: Miss Minerva Wiles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —
17. INFORMANT: Hospital records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 wks.
Antecedent cause(s)	(b) Cachexia	1 mo
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, generalized.	Years

450.1 97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-9-49	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of [illegible] right	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1949, to April 5, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 5:58 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. W. Wilson	M.D.	Sandy Spring, Md.	4/5/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 8, 1949	Colesville Cemetery	Colesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/7	Gertrude B Fawler	Warner E. Pumphrey	Silver Spring, Md.

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03859

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (In this place): 2 mons. 5 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia
STREET ADDRESS (If rural give location): 5236 Sherrier Place, NW.

3. NAME OF DECEASED (Type or Print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
John	Thomas	Burrows	April	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	10-11-94	54 yrs.	6	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Burrows
14. MOTHER'S MAIDEN NAME: Anna Athey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Alice Burrows

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, bronchogenic, left lower lobe — 5 Mo.

162 Antecedent cause(s)

47C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1949, to April 14, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Wm. F. QUEEN, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 4-14-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4-18-49	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-14-49	Mary C. Patterson Registrar	W.W. Chambers	3072 M St., NW, Wash., D.C.

RECEIVED
APR 20 1949
BUREAU V. S.

03860

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 W. Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 20 W. Baltimore St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	Brundage	Chapman	April	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		March 7, 1863	86 yrs.	1	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Canandaigua, N.Y.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Augustus C Brundage	Antoinette Raymond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Dr. Katherine A. Chapman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal uremia (renal decompensation.)	10 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, primary in sphenoid sinus area	12 months
	(c)	

160
552

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 10, 1946 to April 15, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John A. Hayek	M.D.	1726 Eye St. N.W.	Washington 6, D.C. Apr 15 '49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 18, 1949	Rockville Union	Rockville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 16, 1949	Josephine M. Scharff	Warner E. Pumphrey, Inc.	8434 Ga. Ave., Silver Spring, Md.

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03861

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Elm Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 112 Elm Ave

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) REBECCA (Last) CLARK

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1949

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 6 - 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James M. Harvey
14. MOTHER'S MAIDEN NAME Georgeanna Goddard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Virgie E. Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	25 days
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerosis, myocarditis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1948, to Apr. 8, 1949, that I last saw the deceased alive on Apr. 8, 1949, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Blitte MD. ADDRESS 6911 5th St. N.W. Wash. DC DATE SIGNED Apr. 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr. 11-1949
NAME OF CEMETERY OR CREMATORY Colesville
LOCATION (City, town, or county) Colesville (State) Md.

DATE REC'D BY LOCAL REG. APR 9 1949
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. Takoma Park DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03862

Reg. Dist. No. 223-

1. PLACE OF DEATH
COUNTY: MONTGOMERY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
LENGTH OF STAY (In this place): 8½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON SAN. + HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
STREET ADDRESS (If rural give location): 35 SYCAMORE AVE.

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) WOOD (Last) CLIFF

4. DATE OF DEATH: (Month) APRIL (Day) 3 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: 4-7-1866

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MASS

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: GEORGE E. WEAVER

14. MOTHER'S MAIDEN NAME: — Bowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: GRANDSON - RECORD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure

420.0 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1949, to 4-3, 1949, that I last saw the deceased alive on 4-3, 1949, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE: Dean H. Harding M.D. (Degree or title)

ADDRESS: 113 Carroll St N.W. Washington D.C.

DATE SIGNED: 4-4-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4-7-49

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 4/4/49

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Warnick & Sons

ADDRESS: Silver Spring Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

Evidence for change in age shown on

FILM No. G 120 APR 21 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03863

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH

County Montgomery

City or town Glen Echo Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred: —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Glen Echo

(If outside city or town limits, write RURAL and give nearest town)

Street No. 9 Bryn Mar ave

(If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME Albert Winston Cordozo

3.(b) Social Security Number No

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1858

8. AGE: Years 90 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business U. S. Government

FATHER: 12. Name ... 13. Birthplace

MOTHER: 14. Maiden name ... 15. Birthplace

18. Informant Anna Sumpter Kraft

Address 9 Bryn Mar ave

17. (Burial, cremation, or removal. Which?) Date thereof 4/15/49 (month) (day) (year)

Cemetery or crematory Fort Lincoln C metery

Location Prince George County, Md.

18. Funeral director Cheney Chase Funeral Home

Address 5103 Wis., A.e., N.W.

19. 4-13-49 19 (Date rec'd by registrar) W. E. Jobes. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1949, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1949, to April 11 1949 and that I last saw him alive on April 11, 1949

Immediate cause of death: Hypertensive heart disease

Due to

Due to 443

Other conditions 93d

(Include pregnancy within 3 months of death)

DURATION: years??

Major findings of operations —

Date of op.

Autopsy results not done.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. P. Ryland M. D. or other

Address 4901 Mass ave N.W. Date signed 4-13-49.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 16 1949
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03864

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 1343 Clifton Street N.W. Wash., D.C.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (n) (Last) CORE

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/2/23

9. AGE last birthday: 25 yrs. | If under 1 year: Months 4 Days 1 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Janitor

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Eugene Core

14. MOTHER'S MAIDEN NAME: Ella Blue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT: father: Eugene Core

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.1 / 44b

Immediate cause (a) Hodgkins lymphoma — Interval between onset and death: 6 mos.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) myelophthisis myelophthisic anemia

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1949, to April 3, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE J. F. Berry (Degree or title) ADDRESS DATE SIGNED

J. F. BERRY, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 4-3-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 4-8-49 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 4-3-49 | REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: W. E. JARVIS 1432 U. Street, N.W. Wash, D.C.

J.B.W.

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03865

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 5102 3rd St., N.W.

3. NAME OF DECEASED (Type or Print): (First) Nathan (Middle) Joseph (Last) Cosel

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4-12-90

9. AGE last birthday: 58 yrs. — If under 1 year: Months 11 Days 24 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Civil Service

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: COSEL, Jacob — Germany

14. MOTHER'S MAIDEN NAME: YERTA, Caroline — Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Anette Cosel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444 Immediate cause (a) Hypertension, Arterial #208 — 10 yrs

102. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1949, to April 6, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John W. Flynn
JOHN W. FLYNN, Lt. (MC) USN, US Naval Hospital, Bethesda, Md. 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 4-8-49 | NAME OF CEMETERY OR CREMATORY: Washington Hebrew | LOCATION (City, town, or county) (State): Congress Heights, D.C.

DATE REC'D BY LOCAL REG. 4-6-49 | REGISTRAR'S SIGNATURE: Mary C. Patterson / Mary C. Patterson | 24. FUNERAL DIRECTOR ADDRESS: Bernard Danzansky, 3501 14th St., N.W.

Wash., D.C. WKPr

VS. A15

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03866

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery County

City or town: Silver Spring, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 years

Hospital, institution, or street address where death occurred: Avon Gardens, Colesville Rd. (10764)

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring, Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Charles Feldman Crawford

3.(b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: M.

6.(b) Name of husband or wife: Catharine Lanetta

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Oct 15, 1881

8. AGE: Years: 67 Months: 5 Days: 12 If less than one day ... hrs. ... min.

9. Birthplace: Martinsburg, Berkeley Co., W. Va
(Town, county, and state)

10. Usual occupation: Theatre Manager

11. Industry or business: —

FATHER
12. Name: James T. Crawford
13. Birthplace: Berkeley Co. W. Va.

MOTHER
14. Maiden name: Sarah Caldwell
15. Birthplace: Morgan Co. W. Va

16. Informant: Corinne Welshans

Address: 601 Moler, Martinsburg, W. Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 6, 1949 (month) (day) (year)

Cemetery or crematory: Rosedale Cem.

Location: Martinsburg, West Virginia

18. Funeral director: Warner E. Pumphrey

Address: Silver Spring, Md

19. Apr. 3 1949 (Date rec'd by registrar) Josephine M. Schaeffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/3/49 1949, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1949, to April 3 1949 and that I last saw him alive on 4/2/49 1949

Immediate cause of death: Chronic myocarditis

Due to: Uremia

Due to:

Other conditions: Diabetes mellitus

422.2

61

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George W. Shaffer, MD M. D. or other

Address: 908 Bonifant St. Silver Spring Md Date signed 4/3/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03867

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 101 East Kirke St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WHITMAN		CROSS	April	20	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W.	M	9/1/1855	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Geologist		Amherst, Mass.	USA

13. FATHER'S NAME: Moss K. Cross

14. MOTHER'S MAIDEN NAME: Mary Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unk.			Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Acute Pyelonephritis	2 weeks
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal Pneumonia	2 weeks
	(c) Arteriosclerotic Heart Disease	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis	5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 4/19/49, 19....., and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Donald Block M.D. Chestnut Lodge 4/20/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-22-49	North Andover, Mass	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-20-49	W.E. Jobes	S.H. Hines Co.	Wash. D.C.

VS. A15

RECEIVED
APR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03868

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (In this place) 6 mos. 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS US NAVAL Hospital	STREET ADDRESS (If rural, give location) 2148 O St., N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Irbine	CRUMBAUGH	April	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	W-US	married	9-18-06	42 yrs.	6	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk		Kentucky	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CRUMBAUGH, William I. Ky.	MOORE, Cora Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WWII		wife: Mrs. Elizabeth D. Crumbaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cryptococcal meningo-encephalo-myelitis, chronic	
600.0 133 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pyelonephritis	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 15, 1949, to April 6, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 3:24 A. m., from the causes and on the date stated above.

SIGNATURE Wade H. Bonney (Degree or title) ADDRESS D. W. H. BOSWELL Capt. MC USN, US Naval Hospital, Bethesda, Md. DATE SIGNED 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-11-49	Arlington National	Arlington, Va. Sec #169

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-8-49	Mary C. Patterson Mary C. Patterson	Joseph Gawler	1750 Pa.Ave.,N.W.,Wash., D.C.

RECEIVED
APR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03869

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 801 Dale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 801 Dale Drive

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) DANIELS

4. DATE OF DEATH: (Month) April (Day) 5, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Sept. 1, 1869

9. AGE last birthday: 79 yrs. — If under 1 year: Months 7 Days — If under 24 hrs.: Hours Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife, retired

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Canada — Haverlock, New Brunswick,

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilford D. Fowler

14. MOTHER'S MAIDEN NAME: Margaret J. Bostwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Mrs. Roy C. Jacobson, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 wks

331 / 83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 March 1949 to 5 April 1949, that I last saw the deceased alive on 4 April, 1949, and that death occurred at 8:35 Am., from the causes and on the date stated above.

SIGNATURE: William D. Cruf — (Degree or title): MD — ADDRESS: Silver Spring Md — DATE SIGNED: 5 April '49

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: Apr. 5, 1949 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory — LOCATION (City, town, or county) (State): Bladensburg Rd., Md.

DATE REC'D BY LOCAL REG.: April 5, 1949 — REGISTRAR'S SIGNATURE: Josephine M. Schaeffer

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03870

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington, D. C.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 209 Ridge Road, S.E. ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Paul (Last) DAVIS

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 4-4-49

9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ewin Barker Davis

14. MOTHER'S MAIDEN NAME: Kuyper, Marie Frida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: father: Ewin B. Davis, Fee USN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia	30 min
762.0 Antecedent cause(s)		
161a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congenital Atelectasis - lungs (bilateral)	24 hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 April, 1949, to 5 April, 1949, that I last saw the deceased alive on 5 April, 1949, and that death occurred at 1:05 A m., from the causes and on the date stated above.

SIGNATURE F. E. Hornbrook (Degree or title) ADDRESS DATE SIGNED

F. E. HORNBROOK, Lt JG MC USN, US Naval Hospital, Bethesda, Md. 4-5-49

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE: 4-8-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 4-5-49
REGISTRAR'S SIGNATURE: Mary C. Patterson
24. FUNERAL DIRECTOR ADDRESS: W. W. CHAMBERS, 1100 Chapin St., N.W., Wash., D.C.

FC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If not known, state so. Do not leave any item blank unless it is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03871

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 210 Hodges Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural; Gaithersburg
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) LAURA VIRGINIA (Middle) (Last) DAVIS

4. DATE OF DEATH: (Month) 4/ (Day) 7 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 14, 1865

9. AGE last birthday: 83 yrs. — If under 1 year: Months 7 Days 23 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Grimes

14. MOTHER'S MAIDEN NAME: Elizabeth Barrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Elisha H. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 Immediate cause (a) Carcinoma of Larynx — Interval Between Onset and Death: 4 mos

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1949, to 4/7, 1949, that I last saw the deceased alive on 4/7, 1949, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE: J. O. Leonards (Degree or title: M.D.) ADDRESS: DATE SIGNED: 4/8/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 11, 1949 — NAME OF CEMETERY OR CREMATORY: St. Barnabas Cemetery — LOCATION (City, town, or county) (State): Oxen Hill, Md.

DATE REC'D BY LOCAL REG.: Apr. 10, 1949 — REGISTRAR'S SIGNATURE: Josephine M. Schaeffer — 24. FUNERAL DIRECTOR: Warner C. Pumphrey — ADDRESS: Silver Spring, Md.

RECEIVED
APR 16 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03872

CERTIFICATE OF DEATH

Reg. Dist. No. 7-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Warner Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 24 Warner Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) BLANCHE (Last) DILLER

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 3, 1867

9. AGE last birthday: 81 yrs. — If under 1 year: Months 9 — Days 25 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Henry Kengla

14. MOTHER'S MAIDEN NAME: Pathenia Gregg Stumph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Hugh Chester Mitchell, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 1 day

940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Generalized Arteriosclerosis — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 47, to 28 April 19 49 that I last saw the deceased alive on 27 April 19 49, and that death occurred at 10:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William D. Aud, M D — ADDRESS: Silver Spring Maryland — DATE SIGNED: 28 April 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 30, 1949 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: Apr. 30, 1949 — REGISTRAR'S SIGNATURE: Josephine M. Schaeffer — 26. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: Silver Spring, Md.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

Douglas, Mary Huntington

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03873

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 2 mths	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 Poplar Avenue	STREET ADDRESS (If rural, give location) 2129 Florida Avenue, N.W. ✓

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) HUNTINGTON	(Last) DOUGLAS	4. DATE OF DEATH	(Month) April (Day) 8 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH April 13, 1868	9. AGE last birthday 80 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Norwich, Connecticut	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Monroe Huntington	14. MOTHER'S MAIDEN NAME Elizabeth Barstow				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Miss Ruth Douglas. (Daughter)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

433.1 Immediate cause (a) Acute Cardiac Failure

95a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular Fibrillation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 19, 1947, to Apr 8, 1949, that I last saw the deceased alive on June 10, 1948, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dean H. Harding	M.D.	113 Carroll St N.W., Wash DC.	4-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE April 9, 1949	NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory	LOCATION (City, town, or county) Prince George County - DC Line (State) Md
DATE REC'D BY LOCAL REG. APR 9 1949	REGISTRAR'S SIGNATURE J. Wm Dodd	24. FUNERAL DIRECTOR J. Arthur Walters - 254 Carroll St Takoma Park D.C	ADDRESS

MARGIN RESERVED FOR BINDING

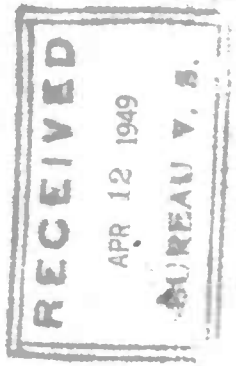
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4-8-49

Dr Brochart, Montgomery County Coroner notified by telephone and he stated that he would approve.

Dean H. Harding M.D.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03874

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,245 Capitol View Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 10,245 Capitol View Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Dwyer
4. DATE OF DEATH: (Month) April (Day) 1, (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Nov. 11, 1873
9. AGE last birthday: 75 yrs. If under 1 year: Months 4 Days 20 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife - retired
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Boston, Mass.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John M. Slea
14. MOTHER'S MAIDEN NAME: Elizabeth Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -----
17. INFORMANT: Miss Mary Dwyer, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 94a

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: died suddenly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, ferm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Dey) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept med 19 Exam case, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Brockhurst M.D. Dep't Med. Exam
ADDRESS Gaithersburg Md
DATE SIGNED 4-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 5, 1949
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. Apr. 4, 1949
REGISTRAR'S SIGNATURE Josephine M. Schaffe
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga. Ave., Silver Spring, Md.

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03875

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (In this place) 1 mon. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4607 Stanford St.,

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Quattlebaum (Last) EDWARDS
4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1949

5. SEX: male
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1-20-92
9. AGE last birthday: 57 yrs. If under 1 year: Months 2 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: US Government
11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: EDWARDS, Tilman B. S.C. dec.
14. MOTHER'S MAIDEN NAME: QUATTLEBAUM, Lucy S.C. dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT: Chevy Chase, Md. wife: Mrs. Pearl Edwards, 4607 Stanford St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Infarction — Interval between onset and death: 24 hrs
420.0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
93d
(b) Hypertensive Heart Disease
(c) Coronary Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1949, to April 5, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 3:25 A. m., from the causes and on the date stated above.

SIGNATURE D E Billman (Degree or title) ADDRESS DATE SIGNED
D. E. BILLMAN, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 4-5-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4-7-49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 4-5-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS W. W. Chambers, 1400 Chapin St., N. W., Wash., D.C.

RECEIVED
APR 8 1949
BUREAU T. S.

INFORMANT, birthplace and funeral directors' names: MR. GASCH'S LETTER 5/31/49 G120 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03876

CERTIFICATE OF DEATH

Reg. Dist. No. L 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 2 mons. 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY a.a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural give location) 426 Third Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	LEONARD	ENGELKE	April	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	married	1-22-72	77 yrs.	2 / 14	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Annapolis Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes WW I		MOTHER WIFE: ELSIE MAY ENGELKE ~~Wife~~: Mrs. Mary R. Engelke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease & failure

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy - uremia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb. 2, 1949, to April 15, 1949, that I last saw the deceased alive on April 15, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. T. MILLER, Cdr, MSC USN	US Naval Hospital, Bethesda, Md.	4-16-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removal	4-16-49	—	Annapolis Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-16-49	Mary C. Patterson Registrar	JOHN M. TAYLOR & SONS, Annapolis Gasch Funeral Home, Hyattsville, Md.

VS. A15

RECEIVED
APR 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03877

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Westmoreland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Greensburg R.D. 2

3. NAME OF DECEASED (Type or Print) (First) Juliette (Middle) Ann (Last) Fleck
4. DATE OF DEATH (Month) 4 (Day) 13 (Year) 1949
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 29th 1932
9. AGE last birthday 16 yrs. If under 1 year Months 10 Days 14 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greensburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward Fleck
14. MOTHER'S MAIDEN NAME Julia Grantz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. J. Donnelly (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage due to	
812.5 Antecedent cause(s)		2 1/2 days
170 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture of skull	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway (CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Apr (Day) 10 (Year) 49 (Hour) 5 P.m.
INJURY OCCURRED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Hit & run auto accident

22. I hereby certify that I attended the deceased from Dep Med Exam case, 19..., that I last saw the deceased alive on ....., 19..., and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE Frank J. Broschart M.D. (Degree or title) Dep Med Exam
ADDRESS Gaithersburg Md
DATE SIGNED 4-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial Transit
DATE 4/13/49
NAME OF CEMETERY OR CREMATORY Youngwood Cemetery
LOCATION (City, town, or county) Westmoreland Co (State) Pa
DATE REC'D BY LOCAL REG. 4-13-49
REGISTRAR'S SIGNATURE N. E. Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey, Bethesda, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03878

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 8911 - 2nd ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELLEN	A	FOWLER	Apr.	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	4-27-1871	77 yrs.	11	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond, Va.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Hulst
14. MOTHER'S MAIDEN NAME: Rosine Gunther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wilbur W. Fowler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure and Debility	2 wks.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Cervix.	18 yrs.
	(c) Senility	—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Vaginal Bleeding	2 wks.

171
480

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1946, to April 17, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 6:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank A. Zack	M.D.	8248 Georgia Ave Silver Spring Md.	4-17-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	4-17-49	Hollywood Cem.	Richmond, Va.

DATE RECVD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 18, 1949	Josephine E. Schaeffer	The S. T. Hume Co.	2901-14-St N.W. Wash, D.C.

VS. A15

RECEIVED
APR 22 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03879

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (In this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 807 Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Mont'g
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 807 Maple Ave

3. NAME OF DECEASED (Type or Print): (First) Tillie (Middle) Bremm (Last) France

4. DATE OF DEATH: (Month) Apr (Day) 27 (Year) 19XX

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 3-24-'87

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY?: U.S

13. FATHER'S NAME: Peter Bremm

14. MOTHER'S MAIDEN NAME: Dora Weisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Gladys France

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — found dead in bed.

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | **PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☑, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE: Frank J. Bosshart (Degree or title) M. D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 4-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF**: 4-30-49 | **NAME OF CEMETERY OR CREMATORY**: Mongehela Cemetery | **LOCATION** (City, town, or county): N. Braddock, Penn. (State)

DATE REC'D BY LOCAL REG. 4-27-49 | REGISTRAR'S SIGNATURE: E. H. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey, Bethesda, Md. — ADDRESS

RECEIVED
MAY 3 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03880

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 414 N. Edgewood

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) FRICK

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-12-82

9. AGE last birthday: 67 yrs. If under 1 year: Months 2 Days 15 If under 24 hrs.: Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Clerical

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Frick

14. MOTHER'S MAIDEN NAME: Agnes Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish A.W.

16. SOCIAL SECURITY NO.

17. INFORMANT: wife: Mrs. Lucy Frick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of the Prostate

177 510 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cachexia

(c) Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 March, 1949, to April 7, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 7:10 P.m., from the causes and on the date stated above.

SIGNATURE W. W. Miller Jr. (Degree or title) Lt. MSC USN ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 4-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4-13-49

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington, (State) Virginia

DATE REC'D BY LOCAL REG. 4-8-49

REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR W. W. CHAMBERS ADDRESS 1400 Chapin St. N.W. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 19 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03881

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 1030 Otis Street, NE ✓

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (n) (Last) Gathgens
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 11-18-57
9. AGE last birthday: 91 yrs. | If under 1 year: Months 5 Days 8 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): musician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service) Sp.Am.
16. SOCIAL SECURITY NO.
17. INFORMANT: Wife: Mrs. Bessie Gathgens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart disease — Indefinite
4200
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
9d
(b) Bronchial pneumonia — 48 hrs
(c) Arteriosclerosis generalized — Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1949, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 11:20 A m., from the causes and on the date stated above.

SIGNATURE James F. Berry (Degree or title) ADDRESS DATE SIGNED
James F. BERRY, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 4-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4-29-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county): Arlington | (State): Virginia

DATE REC'D BY LOCAL REG. 4-26-49 | REGISTRAR'S SIGNATURE Mary C. Patterson | 24. FUNERAL DIRECTOR: S.H. Hines Co. | ADDRESS: Washington, D.C.

RECEIVED
APR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03882

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (in this place) 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural give location) 911 Davis Ave

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) (Last) Gibbs

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-16-1873

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Theodore Cook

14. MOTHER'S MAIDEN NAME: Louise Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. G. Drake; Hosp. Records - Wash. San. + Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
903.0 Immediate cause	(a) Fracture neck of right femur	18 days.
Antecedent cause(s)	(1)	(1) Months.
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (1) Inanition (2) Generalized arteriosclerosis	(2) years.
	(c) Arteriosclerotic heart disease	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhagic Nephritis — 5 days.

19a. DATE OF OPERATION: 3-31-49

19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture right femur

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT Yes (Specify) / SUICIDE / HOMICIDE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Takoma Park Prince George Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3-29-49 12 A. m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Pt. fell to floor, missing chair.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12 23 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wallace M. Mook M.D. 805 Carroll Ave, Takoma Pk. Md. 4-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: April 19-1949

NAME OF CEMETERY OR CREMATORY: Rock Creek Cem

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 4/16/49

REGISTRAR'S SIGNATURE: Hilton Dell

24. FUNERAL DIRECTOR: J. Wm Lee Sons Co

ADDRESS: Washington DC

Release approved by Coroner - Maryland following conversation by D. Sampson R.N. at 10 35 A.M.

RECEIVED
APR 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03883

CERTIFICATE OF DEATH

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 76
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10115 Brunett Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10115 Brunett

3. NAME OF DECEASED (Type or Print) (First) John. (Middle) (Last) Gill

4. DATE OF DEATH (Month) April (Day) 3 (Year) 1949

5. SEX M — 6. COLOR OR RACE W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower.

8. DATE OF BIRTH Sept. 1, 1872 — 9. AGE last birthday 76 yrs. — If under 1 year Months 5 Days 2 — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Rockville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James P. Gill

14. MOTHER'S MAIDEN NAME Annie Maria Rannie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Mrs. Eunice M. Rush

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary arteriosclerotic Heart Disease — years

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Generalized arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1947, to April 3, 1949, that I last saw the deceased alive on April 2, 1949, and that death occurred at 2-30 P m., from the causes and on the date stated above.

SIGNATURE Harry J Keams (Degree or title) M.D. ADDRESS Silver Spring Md. 608 Forest Glen Rd DATE SIGNED April 4 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 6, 1949 — NAME OF CEMETERY OR CREMATORY Colesville Cemetery — LOCATION (City, town, or county) Colesville, Md. (State)

DATE REC'D BY LOCAL REG. April 5, 1949 — REGISTRAR'S SIGNATURE Josephine M Schaeffer — 24. FUNERAL DIRECTOR Warner E. Humphrey — ADDRESS Silver Spring, Md.

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03884

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Martinsburg near Dickerson — LENGTH OF STAY (in this place): 93 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Martinsburg near Dickerson Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ISAAC (Middle) (Last) GRAHAM

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: August 8 1855

9. AGE last birthday: 93 yrs. — If under 1 year: Months. 8 Days 11 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montgomery - Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wallace Graham.

14. MOTHER'S MAIDEN NAME: Caroline Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: George T. Graham.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right hemiplegia	1 year
	(c) Congestive heart failure, hypertension	undetermined

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from February 19.49, to 18 April 19.49, that I last saw the deceased alive on 18 April 19.49., and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John S. Fawcett	M.D.	Boyds Md.	19 April 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 23-1949	Martinsburg	Dickerson Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/23/49	Charles H. Elgin	Clarence H. Davis.	Poolesville Md

RECEIVED
MAY 3 1949
BUREAU V. S.

03885

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davisville md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to doctors office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson RD # 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Morris	Claire	Grott	Apr	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	Nov 12 - 1894	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer		Lancaster Co. Pa.	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William K. Grott	Margaret Retzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Mrs Bunq E. Grott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — ½ hr.

94a **Antecedent cause(s)** Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Cnnditions contributing to the death but nnt related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Nnt while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bronhart M.D.	Gaithersburg md	4-29-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5/3/49	Monocacy	Beallsville

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/3/49	Charles W. Elgin	Willebee B. Hilton	

RECEIVED
MAY 11 1949
BUREAU V. S.

03886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Russell Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Russell Ave

3. NAME OF DECEASED (Type or Print) (First) Ireland (Middle) (Last) Grogg

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1879
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Thomas Keese
14. MOTHER'S MAIDEN NAME Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. Thomas Grogg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	24 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia	2 mos.
	(c) Hypertension, auricular fibrillation, toxic goitre	nearly 30 yrs.

420.1
63 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 14, 1949, to Apr. 29, 1949, that I last saw the deceased alive on Apr. 29, 1949, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Katharine A. Chapman, M.D.
ADDRESS 20 West Baltimore St. Kensington, Md.
DATE SIGNED Apr. 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/2/49
NAME OF CEMETERY OR CREMATORY Damstown Cemetery
LOCATION (City, town, or county) Damstown (State) Md.

DATE REC'D BY LOCAL REG. Apr. 30, 1949
REGISTRAR'S SIGNATURE E. C. Gaithner
Alfreda G. Cooke
24. FUNERAL DIRECTOR E. C. Gaithner
ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

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MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03887

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS East West Highway & 16th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Pulaski
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Dewy	Hall	Apr	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married	April 30, 1899	49 yrs.	11	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman, Utilities Line Construction Co.		Patrick Co., Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Hall	Alice Barnard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
?		236-10-6352	Mrs G. D. Hall wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
914.9 Immediate cause (a) electrocution (accidental)	Killed instantly
993 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY High tension wire	(CITY OR TOWN) Silver Spring	(COUNTY) Monty	(STATE) md
TIME OF INJURY (Month) Apr (Day) 28 (Year) 49 (Hour) 10:15 A.M.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? Contacted high tension wire		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart	M. D.	Gaithersburg md	4-28-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 1, 1949	Pulaski	Pulaski	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 30, 1949	Josephine M. Schaeffer	Warner E. Pumphrey, Inc.	8434 Georgia Ave. Silver Spring, Md.

VS. A15A

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MAY 5 1949
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03888

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 109 Chevy Chase Dr.

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) S. (Last) Hampton

4. DATE OF DEATH (Month) April (Day) 11 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 22, 1867

9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Marks

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Thomas E. Hampton (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

443

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease; Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to 10 April 1949, that I last saw the deceased alive on 10 April, 1949, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emil G. Bauersfeld, M.D. ADDRESS 7345 Wisconsin Ave Bethesda Md DATE SIGNED 4/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 13, 1949

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 4-12-49

REGISTRAR'S SIGNATURE M. E. Jobes

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
APR 14 1949
BUREAU V. S.

Evidence for change in birth date shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03889

FILM No. G 120 APR 21 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 215

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 213 G Street, SW., Washington, D.C.

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) Daniel (Last) Harrison

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-17-~~1880~~ 1880

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hod Carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Harrison

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): SAW

16. SOCIAL SECURITY NO.:

17. INFORMANT: daughter: Mrs. Mary Banes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis, Cerebral — Interval between onset and death: 4 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis — ?

(c) Diabetes — ?

260 61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1949, to April 5, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 2:55 A m., from the causes and on the date stated above.

SIGNATURE J. H. Young — (Degree or title) — ADDRESS: J. H. YOUNG, Lt. (JG) MC USN, US Naval Hospital, Bethesda, Md. — DATE SIGNED: 4-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-7-49 — NAME OF CEMETERY OR CREMATORY: Arlington Mt. Olivet — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 4-5-49 — REGISTRAR'S SIGNATURE: Marg C. Patterson

24. FUNERAL DIRECTOR: J.T. Rhines — ADDRESS: 901 3rd St., SW., Wash., D.C.

John T. Rhines & Co

VS. A15

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APR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03890

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 720 13th St., N.E.

3. NAME OF DECEASED (Type or Print): (First) Eugene (Middle) (Last) HERBERT

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): separated

8. DATE OF BIRTH: 5-21-91

9. AGE last birthday: 57 yrs. — If under 1 year: Months 10 — If under 24 hrs.: Hours 15 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Messenger, Agr. Bldg.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: HERBERT, Hampton — Ala.

14. MOTHER'S MAIDEN NAME: WARMOUTH, Lucy — Ala.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: brother: Mr. Wm. Herbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 Immediate cause (a) Carcinoma Stomach Mucoid — 2 years

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach Mucous Type

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1949, to April 6, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE Jack T. Jones, Jr. (Degree or title) ADDRESS DATE SIGNED

Jack T. JONES, Jr., Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4-11-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-6-49	Mary G. Patterson	Stewart Funeral Home, 30 H St., N.E. Wash., D.C.	J.T.S. 342

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RECEIVED
APR 8 1949
BUREAU F. B.

03891

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 1242 Girard St., NW

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (n) (Last) Hicklin
4. DATE OF DEATH (Month) April (Day) 26 (Year) 1949
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 3-15-88
9. AGE last birthday 61 yrs. If under 1 year Months 1 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Hicklin
14. MOTHER'S MAIDEN NAME Patsy Boyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW 1
16. SOCIAL SECURITY NO.
17. INFORMANT Wife: Mrs. Lydia Hicklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

610 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterosclerosis, generalized

(c) Benign Prostatic Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1949 to April 26, 1949, that I last saw the deceased alive on 26 April, 1949, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE Wm. W. Miller, Jr. (Degree or title) ADDRESS DATE SIGNED
Wm. W. MILLER, Jr., Lt. MSC USN, US Naval Hospital, Bethesda, Md. 4-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-2-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Virginia
DATE REC'D BY LOCAL REG. 4-27-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR JARVIS FUNERAL HOME, WASHINGTON, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03892

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 3 mons. 5 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 1313 Mt. Vernon Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Lewellyn	Hodge	April	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	single	3-21-81	68 yrs.	1	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Nurse		North Carolina	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT C. HODGE	JULIA MORGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW1		Nephew: Emory Hodge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastro-intestinal Hemorrhage	7 days
292.4 Antecedent cause(s)		
123 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aplastic Anemia	3 months
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 18, 1949, to April 23, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 7:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. J. POPE, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 4-23-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4-26-49	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-23-49	Mary C. Patterson	S.H. Hines, Washington, D.C.	

VS-A15

RECEIVED
APR 28 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03893

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Potomac
LENGTH OF STAY (In this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pine View Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 6800 - 47th. St.

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) Beebe (Last) Hodge

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 8, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months 1, Days 22; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hudson, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: D.D. Beebe

14. MOTHER'S MAIDEN NAME: Ellen Brewster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No — No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr Orlando J. Hodge (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443
932

Immediate cause (a) cerebrovascular hemorrhage — Interval between onset and death: 7 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) hypertensive cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31, 1946, to 4/21, 1949, that I last saw the deceased alive on 4/30, 1949, and that death occurred at 1 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. L. Marks, M.D. — ADDRESS: 6306 Wisconsin Ave Chevy Chase Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	5/2/49	Cedar Hill Crematory	Suitland, Md.

DATE REC'D BY LOCAL REG.: 5-2-49 — REGISTRAR'S SIGNATURE: W.E. Jobe. — 24. FUNERAL DIRECTOR: Robert A. Pumphrey — ADDRESS: Bethesda, Md.

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MAY 5 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03894

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 706 Chaney Drive

3. NAME OF DECEASED (Type or Print) (First) Mertie (Middle) Maude (Last) Jack

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 12, 1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hswf.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? United States of Am.

13. FATHER'S NAME Charles Mosher
14. MOTHER'S MAIDEN NAME Pollyanne Prince

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	3 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	3 1/2 days
93d	(c) Arteriosclerotic heart disease	15 yrs. ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis 15 yrs. ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1946 to Apr. 21, 1949, that I last saw the deceased alive on April 21, 1949, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook, M.D. (Degree or title) ADDRESS 805 Carroll Ave. Takoma Pk. Md. DATE SIGNED 4/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/23/49
NAME OF CEMETERY OR CREMATORY Washington National Cemetery
LOCATION (City, town, or county) Suitland, Pr. Geo. Co (State) Md

DATE REC'D BY LOCAL REG. 4/21/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Takoma Funeral Home
ADDRESS 254 Carroll St. Tak. Pk.
Arthur Walters

RECEIVED
APR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03895

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OLNEY
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): R # 2

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) Lee (Last) Johnson

4. DATE OF DEATH: (Month) APRIL (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Oct. 12 1889

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Warrenton VIRGINIA

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George W. Edwards

14. MOTHER'S MAIDEN NAME: Ella Lee GRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 11 days

Antecedent cause(s)

420.0 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 18, 1949, to Apr 23, 1949, that I last saw the deceased alive on Apr 23, 1949, and that death occurred at 8:05 A m., from the causes and on the date stated above.

SIGNATURE: Charles V. Logan (Degree or title) M.D. ADDRESS: Sandy Spring Md DATE SIGNED: 23 Apr '49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: APRIL 26 1949 — NAME OF CEMETERY OR CREMATORY: UNION CEMETERY — LOCATION (City, town, or county) (State): BURTONSVILLE Montg Co Md.

DATE REC'D BY LOCAL REG. 4-23-49 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Arthur L Talbert — ADDRESS: 254 Carroll St N.W. Takoma Park, D.C.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03896

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 3 mons. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington, D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 422 12th St., S.E.

3. NAME OF DECEASED (Type or Print): (First) Jonas (Middle) Rosecran (Last) JOHNSON

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 12-7-94

9. AGE last birthday: 54 yrs. — If under 1 year: Months 3 Days 29 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JOHNSON, Wayne Ky.

14. MOTHER'S MAIDEN NAME: HALL, Frankie Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: daughter: Miss Jean Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 Immediate cause (a) Carcinoma, Left Main Bronchus — Interval Between Onset and Death: 6 Mo.

47C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1948, to April 6, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE: W. F. Queen — (Degree or title) ADDRESS: Wm. F. QUEEN, Cdr. MC USN, US Naval Hospital, Bethesda, Md. — DATE SIGNED: 4-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 4-11-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 4-6-49 — REGISTRAR'S SIGNATURE: Mary E. Patterson

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers, 517 11th St., S.E. Wash., D.C.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03897

CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
STATE: MARYLAND
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Germantown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sandy (Middle) E. (Last) Johnson

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 5, 1899

9. AGE last birthday: 50 yrs. If under 1 year: Months. 2 Days 23 Hours Min. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alexandra Johnson

14. MOTHER'S MAIDEN NAME: Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Henrietta Johnson "wife"

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) acute Bronchitis — 5 days

(c) Pulmonary Tuberculosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1949, to April 28, 1949, that I last saw the deceased alive on April 28, 1949, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William E. Fuller M.D. Gaithersburg, Md. 4/30/49

23. BURIAL / CREMATION / REMOVAL (Specify) DATE: May 1st, 49 NAME OF CEMETERY OR CREMATORY: Bruns Town LOCATION (City, town, or county): Germantown (State): Md.

DATE REC'D BY LOCAL REG.: Apr. 30, 1949 REGISTRAR'S SIGNATURE: Ahnda L. Cooke

24. FUNERAL DIRECTOR ADDRESS: R. L. Snouden, Rockville, Md.

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MAY 4 1949
BUREAU V. S.

03898

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 1 mon. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1317 Maryland Avenue, N.E.

3. NAME OF DECEASED (Type or Print): (First) Ashton (Middle) Starke (Last) KASE
4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1949

5. SEX: male
6. COLOR OR RACE: W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 8-12-72
9. AGE last birthday: 76 yrs. | If under 1 year: Months 7 Days 24 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Navy Yard
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: KASE, Alvan
14. MOTHER'S MAIDEN NAME: FREY, Sally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): S&I
16. SOCIAL SECURITY NO.
17. INFORMANT: wife: Mrs. Warneta Kase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155 Immediate cause (a) Carcinoma Gall Bladder — 12m

46.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia — 1 Day

19a. DATE OF OPERATION: March 49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Gall Bladder.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1949, to April 6, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jack T. Jones Jr. Jack T. JONES, Jr., Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 4-7-49

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF: 4-11-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 4-7-49 | REGISTRAR'S SIGNATURE: Mary C. Patterson | 24. FUNERAL DIRECTOR ADDRESS: T. HANLON, 641 H ST., N.E., WASH., D.C. T.J.H.

RECEIVED
APR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03899

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 15 da 1 yr 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Rockville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4700 Bradley Lane

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) F (Last) King

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1949

5. SEX F — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH 1-11-1903 — 9. AGE last birthday 44 yrs. — If under 1 year: Months 2, Days 26, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Wash. D. C. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Weitmiller — 14. MOTHER'S MAIDEN NAME Louise Leider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — If year, give war or dates of service — 16. SOCIAL SECURITY NO. — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) Pulmonary Edema - embolus ? — 11-12-47

Antecedent cause(s)

46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) renal failure — 4-7-49

(c) Carcinoma Colon (Sigmoid)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-30-'49 — 19b. MAJOR FINDINGS OF OPERATION Carcinoma sigmoid colon — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1947, to 4-7, 1949, that I last saw the deceased alive on 4/7, 1949, and that death occurred at 4:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Walter Atkinson M.D. 1835-14th St N.W. 4/7/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4/9/49 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery — LOCATION (City, town, or county) (State) Prince George Co. Maryland

DATE REC'D BY LOCAL REG. 4-8-49 — REGISTRAR'S SIGNATURE J.E. Jobs — 24. FUNERAL DIRECTOR Robert R. Pumphrey — ADDRESS Bethesda, Md.

VS. A15

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03990

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 109 Maple Ave.,

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) W. (Last) King
4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1949.
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 2, 1876
9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Raleigh, N. Car.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Louis D. Womble
14. MOTHER'S MAIDEN NAME: Frances Virginia Waite
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Wm. L. King — Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

180 Immediate cause (a) Carcinoma Liver - Stomach — 2 years.

46 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Kidney — 5 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to March, 1949, that I last saw the deceased alive on 31 March, 1949, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. B. Queen M.D. 1112 Willow Ave. Takoma Park, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — April 5, 1949 — Ft. Lincoln Cemetery — Wash-Balto Blvd. Prince Geo. Co. Md.

DATE REC'D BY LOCAL REG. 4/3/49 — REGISTRAR'S SIGNATURE J. Wm. Dodd — 24. FUNERAL DIRECTOR — ADDRESS

J. Arthur Stalling — 254 Carroll St. N.W., Takoma Park, D.C.

VS. A15

RECEIVED
APR 5 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03991

CERTIFICATE OF DEATH

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 728 DARTMOUTH AVE SILVER SPRING

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 728 DARTMOUTH AVE

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) LOUISE (Last) KING

4. DATE OF DEATH: (Month) APRIL (Day) 17 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 30 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROLLINS

14. MOTHER'S MAIDEN NAME: ELIZA SLADFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. GRACE K. BYRNE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Carcinoma of Colon Undetermined

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Intestinal Obstruction

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Generalized Arteriosclerosis Senility Undetermined

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7 '47, 19..... to April 17 '49, 19....., that I last saw the deceased alive on Aug 22 '48, 19....., and that death occurred at 7:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George L Calkins MD 7835 Eastern Ave Silver Spring Md April 17, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: APRIL 20

NAME OF CEMETERY OR CREMATORY: ARLINGTON NATL

LOCATION (City, town, or county) (State): ARLINGTON VA

DATE REC'D BY LOCAL REG.: Apr. 17, 1949

REGISTRAR'S SIGNATURE: Josephine M Schaeffer

24. FUNERAL DIRECTOR: W C CHAMBERS CO

ADDRESS: 1400 CHAPIN ST NW WASHINGTON D.C.

VS. A15

Montgomery County Coroner
Dr Brockett called massing
as I had not treated
the patient recently. He
gave his approval for
me to sign death
certificate massmed as
I had knowledge of medical
care given the patient by
Dr D. B Washington 6234 Georgia
Ave NW, Washington D.C.

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03902 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 15 Days, 21 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington. Chevy Chase
STREET ADDRESS (If rural give location): 3916 Huntington St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HELEN	F. M.	KINYON	4	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	Dec. 19 1898	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerical		Marshall Michigan	USA

13. FATHER'S NAME: Percy L. Kinyon

14. MOTHER'S MAIDEN NAME: Maude Sulton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital admission slip.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple cerebral Emoboli	Febs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial decompensation with auricular fibrillation and mural thrombi	3 Mos?
	(c) Embolus & st. popliteal artery	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

422.2
94a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 25 March 1949, to 23 April, 1949, that I last saw the deceased alive on 22 April, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stewart Udell M.D.		3921 Ingomar St. N.W. Wash. DC	4-23-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-27-49	Graceland	Elkhart, Ind.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-28-49	W.E. Jobes.	The S.H. Hines Co	2401 14th St Washington D.C.

RECEIVED
APR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03903

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days 7 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 12 Aspen St

3. NAME OF DECEASED (Type or Print) (First) Alban (Middle) J. (Last) Klapp

4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 24th 1877
9. AGE last birthday 72 yrs. If under 1 year Months 0 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Paris, Ohio
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Jeremiah Klapp
14. MOTHER'S MAIDEN NAME Naomi Knode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

443

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov, 1948, to 2 April, 1949, that I last saw the deceased alive on 2 April, 1949, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE S. Richard Bauersfeld (Degree or title) M.D. ADDRESS 7345 Wisconsin Ave, Bethesda Md. DATE SIGNED 2 April 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit DATE 4/4/49 NAME OF CEMETERY OR CREMATORY Evergreen Cemetery LOCATION (City, town, or county) St. Paris (State) Ohio

DATE REC'D BY LOCAL REG. 4-4-49 REGISTRAR'S SIGNATURE J. K. Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03984

CERTIFICATE OF DEATH

Reg. Dist. No. 414

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery Cty
City or town: Fairland, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 1/3 yrs
Hospital, institution, or street address where death occurred: Old Bellsville Rd
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Montgomery Cty
City or town: Fairland Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Old Bellsville Rd
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: Hettie Virginia Lackey

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: William E. Lackey
6.(c) If alive, give age: deceased years

7. Birth date of deceased (mo., day, yr.): May 31, 1863

8. AGE: Years	Months	Days	If less than one day
86		3	hrs. min.

9. Birthplace: Patrick County, Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Abner Elgin
13. Birthplace: Patrick County, Va.

MOTHER
14. Maiden name: America Hunter
15. Birthplace: Patrick County, Va.

16. Informant: William C. Lackey
Address: Fairland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 5, 1949. (month) (day) (year)
Cemetery or crematory: Stuart's Virginia (Patrick Co.)
Location:

18. Funeral director: Arthur Talbot
Address: 25 Carroll St., Takoma Park, D.C.

19. Apr 3 1949 (Date rec'd by registrar) Josephine M. Schaffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 3 1949 at 8:48 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 30 1949, to April 3 1949
and that I last saw h[illegible] alive on April 2 1949

Immediate cause of death	DURATION
Congestive Heart Failure	4 d
Due to: Cardio Vascular Renal disease	10 yrs
Due to: 442	
Other conditions: 131a	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: M. F. Oltman MD
M. D. or other
Address: 401 Kennedy St NW Date signed April 3, 1949

RECEIVED
APR 5 1949
BUREAU V. S.

03905

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Montgomery

City or town Chevy Chase
(If outside city or town limits, write RURAL and give nearest town)

Street No. 100 E Underwood.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME HARRY R LOHMAN

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Claudia M.E. Lohman

6.(c) If alive, give age deceased years

7. Birth date of deceased (mo., day, yr.): Dec 19 - 1870

8. AGE: Years 78 | Months 3 | Days 17 | If less than one day ..... hrs. ..... min.

9. Birthplace: W. C.
(Town, county, and state)

10. Usual occupation: Retired Police Captain

11. Industry or business: D.C. Metropolitan Police

FATHER
12. Name: George Lohman
13. Birthplace: Unknown

MOTHER
14. Maiden name: Elizabeth Volkman
15. Birthplace: Germany.

16. Informant: Mrs Catherine Clay

Address: 100 E Underwood St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/6/49 (month) (day) (year)

Cemetery or crematory: Arlington National

Location: Arlington Va.

18. Funeral director: Geo W Wise Co Inc.

Address: 2900 Mst Wash. D.C.

19. 4/6 1949 (Date rec'd by registrar) W. E. Jobes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 6 1949, at 8a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 28 1949, to Apr 6 1949 and that I last saw him alive on Apr 5 1949

Immediate cause of death: Acute Cardiac failure; Cerebral hemorrhage

Due to: Arteriosclerosis

Due to: 331; 83a

Other conditions

(Include pregnancy within 8 months of death)

DURATION: 7 days; Sundry yrs.

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. W. Culver M. D.
M. D. or other

Address: 3781 Alton St N Date signed 4/6/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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I

RECEIVED
APR 8 1949
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03996

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John; LENGTH OF STAY (in this place) 17 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Tomlinson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John; STREET ADDRESS (If rural give location) Tomlinson St.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) M. (Last) Manley

4. DATE OF DEATH: (Month) Apr (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married.

8. DATE OF BIRTH: Aug. 29, 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months 7, Days 15, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Corps of Eng.

10b. KIND OF BUSINESS OR INDUSTRY: Govt.

11. BIRTHPLACE (State or foreign country): Catasauqua, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Manley

14. MOTHER'S MAIDEN NAME: Carolyn Sharp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 578-10-7101

17. INFORMANT: Ora M. Manley (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: died suddenly

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1949 to Dec. 14, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE Frank J. Bronchart (Degree or title) Dr. Med Exam ADDRESS Gaithersburg Md DATE SIGNED 4-14-49

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial; DATE April 19, 1949; NAME OF CEMETERY OR CREMATORY Arlington National; LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 4-16-49

REGISTRAR'S SIGNATURE W.E. Jobes

24. FUNERAL DIRECTOR Robert A. Pughsley - Bethesda Md. ADDRESS

VS. A15

RECEIVED
APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03947

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 74 I St., S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Willie	(n)	Marshall	April	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	3-4-22	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gov't Employee		South Carolina	U.S.

13. FATHER'S NAME: Luther Marshall

14. MOTHER'S MAIDEN NAME: Emma Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW 2		Mother: Mrs. Emma Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
517 Immediate cause	(a) Pulmonary Edema	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 115C	(b) Retro pharyngeal abscess with posterior mediastinitis	7 da.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchopneumonia	7 da.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 20, 1949, to April 22, 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John H. Hege Lt MC USN		
John H. HEGE, Lt MC USN, US Naval Hospital, Bethesda, Md.		4-24-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-27-49	Arlington National	Arlington	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-24-49	Mary C. Patterson Mary C. Patterson Registrar	Stewart Funeral Home	Washington, D.C.

S.D.K.

RECEIVED
APR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03908 223.

1. PLACE OF DEATH: Montgomery

County 1006 - Flower Ave

City or town Takoma Park Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred: 1006 Flower Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State DC County

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3206 Wis Ave NW.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Rose Matthews

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, or ~~divorced~~
F	W	widowed

6.(b) Name of husband or wife

June 20? 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 20 - ?

8. AGE: Years	Months	Days	If less than one day
78?			..... hrs. ..... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Joseph Kisseleff.
13. Birthplace Russia

MOTHER
14. Maiden name Mollie Rapaport.
15. Birthplace Russia

16. Informant Isadore Matthews.
Address 3206 Wis Ave NW.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr-17-1949 (month) (day) (year)

Cemetery or crematory Chev Sholom Cem

Location Washington DC

18. Funeral director B Danzansky & Son
Address 3501 - 14th St NW Wash DC

19. 4/16/49 (Date rec'd by registrar) 19 J Thomas Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 · 15 1949 at 4:40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1929, to 4 · 15 1949 and that I last saw her alive on 4 · 15 1949

Immediate cause of death	DURATION
Cerebral hemorrhage	4 hrs.
Due to cerebral arteriosclerosis	20 yrs.
33-1	
Due to 83a	
Other conditions	

(Include pregnancy within 8 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. P. Brom M. D. or other

Address 300 - Hamilton St. NW. Wash. DC. Date signed 4.15.49

VS A15 (T) MARGIN RESERVED FOR BINDING (I) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (M)

Dr. M. McDonald - OK'd after notification

RECEIVED
APR 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03909

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md
LENGTH OF STAY (in this place) 1 mos. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC.
STREET ADDRESS (If rural, give location) 509 E. st N.E.

3. NAME OF DECEASED (Type or Print) (First) Dorcas (Middle) May (Last) McCarthy
4. DATE OF DEATH (Month) April (Day) 19 (Year) 1949
5. SEX Fe.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Sept 16 - 1898
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Lorton Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Erskine
14. MOTHER'S MAIDEN NAME Mary Louise Macklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Washington San + Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of right breast
170
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastasis to right axilla
50
(c) Aplastic anemia.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr + ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2-24-49
19b. MAJOR FINDINGS OF OPERATION Carcinoma right breast c̄ axillary metastasis.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-21-1949, to 4-19-1949, that I last saw the deceased alive on 4-18-1949, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE Jean U. Calver M.D. (Degree or title) ADDRESS 7894 Ga. Ave., Silver Spring, Md. DATE SIGNED APR 19 1949

23. BURIAL, CREMATION REMOVAL (Specify) Remove
DATE THEREOF 4/19/49
NAME OF CEMETERY OR CREMATORY Fairfax Cem.
LOCATION (City, town, or county) Fairfax, (State) Va.
DATE REC'D BY LOCAL REG. 4/19/49
REGISTRAR'S SIGNATURE J. Wm Dodd
24. FUNERAL DIRECTOR W. W. Chamberlin Co. ADDRESS 5171 1st St. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
APR 21 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03910

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USNH, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural give location): 2714 Olive Ave. N.W. Wash, D.C. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cleveland	(n)	MC CAULEY	4	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9-15-94	54 yrs.	6	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U. S. Navy Retired	U.S.Navy	Tennessee	U. S.

13. FATHER'S NAME: George Mc Cauley

14. MOTHER'S MAIDEN NAME: Mary Albright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Helen F. McCauley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thrombosis, Coronary Artery	20 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease, Arteriosclerotic	2 yrs.
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 1, 1949, to April 2, 1949, that I last saw the deceased alive on April 2, 1949, and that death occurred at 6:18 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. F. Queen WM. F. QUEEN, Cdr. MC USN,	U. S. Naval Hospital, Bethesda, Md.	4-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-6-49	Arlington National Cemetery	Arlington,	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-2-49	Mary C. Patterson	W.W.CHAMBERS	3072 M.St.N.W.Wash., D.C.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03911 Reg. Dist. No. 414

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda RT #3
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~Maryland~~ County: Wash DC

City or town: Crogden Apts Apt 404
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 17 & New Hampshire ave NW
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Anna Catherine McInerney

3. (b) Social Security Number:

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced:

6.(b) Name of husband or wife: MP McInerney

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 30 - 1875

8. AGE: Years: 73 Months: 8 Days: 17 If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia City Nev
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Moye
13. Birthplace: Germany

MOTHER
14. Maiden name: Nora Gorman
15. Birthplace: Ireland

16. Informant: John M McInerney

Address: 5500 Johnson ave. Beth Md.

17. Removal (Burial, cremation, or removal, Which?) Date thereof: 4/17/49 (month) (day) (year) Apr 20, 1949

Cemetery or crematory: Beval St. Mary Cemetery

Location: Rockville, Md

18. Funeral director: S H Kines Co

Address: 2901 - 14 St NW

19. Apr. 18, 1949 (Date rec'd by registrar) Josephine M Schaeffer, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 17 1949, at 8 35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 5 1949, to Apr. 17 1949 and that I last saw her alive on Apr. 17 1949

	DURATION
Immediate cause of death: Intestinal Obstruction	2 wks.
Due to: Metastatic Carcinoma of sigmoid	6 mos
Due to: Carcinoma of Uterus 174	2 yrs
Other conditions: 48 b	

(Include pregnancy within 3 months of death)

Major findings of operations: Diagnostic D & C. July Date of op. July 1949

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: B. F. Dean Jr. M. D. or other

Address: 1835 Eye St. Wash. D.C. Date signed: Apr 17 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03912

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

T

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8407 Cedar Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 8407 Cedar Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) H. (Last) MELIA

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 2, 1894

9. AGE last birthday: 54 yrs. — If under 1 year: Months 4, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Ellicott City, Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John M. Melia

14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World #I

16. SOCIAL SECURITY NO.: 557-10-3147

17. INFORMANT: Edgar H. Melia, son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac decompensation, acute	4 days
Antecedent cause(s) Diseases of conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arterial Sclerosis	unknown
	(c) Coronary Infarct, old, left ventricle	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Generalized — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 April, 1949 to 13 April, 1949 that I last saw the deceased alive on 13 April, 1949, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. And. M.D.		Silver Spring Maryland	16 April '49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 18, 1949	St. Louis Church Cemetery	Clarksville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 16, 1949	Josephine M. Schaeffer	Warner E. Pumphrey, Inc.	Silver Spring, Md.

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03913

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District of Columbia
STREET ADDRESS (If rural, give location): 2701 14th Street, NW., Washington, D.C.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	W.	Menefee	April	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	married	2-7-88	61 yrs.	1	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MENEFEE, ?	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
yes	WWI		wife: Mrs. Pearle Menefee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebro vascular accident — 24 hrs.

420.0 / 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease

(c) Essential arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 4, 1949, to April 4, 1949, that I last saw the deceased alive on April 4 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE D. E. Billman Lt JG MC USN (Degree or title) — ADDRESS — DATE SIGNED

D. E. BILLMAN, Lt JG MC USN, US Naval Hospital, Bethesda, Md. 4-4-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-7-49	Sperryville Cemetery	Sperryville	Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-4-49	Mary C. Patterson	S.H. HINES	2901 14th St., NW., Wash., D.C.

R. W. Gray

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03914

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 11 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
HOSPITAL OR INSTITUTION OR STREET ADDRESS Naval Hospital	STREET ADDRESS (If rural give location) 5808 M Street, SE. ✓

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Edwin (Last) Mitchell				4. DATE OF DEATH (Month) Apr (Day) 1 (Year) 1949			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4-2-98	9. AGE last birthday 50 yrs.	If under 1 year Months 11 Days 29	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) North Carolina			12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Oscar Mitchell			14. MOTHER'S MAIDEN NAME Ellen Merrell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT brother: Alvin E. Mitchell				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

835.8 Immediate cause (a) Cerebral hemorrhage due

Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to fracture of skull

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Nat. Inst. of Health	(CITY OR TOWN) Bethesda	(COUNTY) Monty	(STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-1-49 7.45 A m.	INJURY OCCURRED While at Work ☒ Not While At work ☐	HOW DID INJURY OCCUR? Fell from truck		

22. I hereby certify that I attended the deceased from Dep. Med. Exam case, that I last saw the deceased alive on....., 19....., and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D. Dep. Med. Exam	Gaithersburg md	4-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Apr. 3, 1949	NAME OF CEMETERY OR CREMATORY Fairview Cemetery	LOCATION (City, town, or county) Fairview	(State) N.C.
DATE REC'D BY LOCAL REG. 4-1-49	REGISTRAR'S SIGNATURE Mary C. Patterson	24. FUNERAL DIRECTOR W.E. Pumphrey	ADDRESS 8434 Ga. Ave. Silver Spring Maryland	

Warner E. Pumphrey S.S. md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03915

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp. Takoma Park. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 3421 Brown St. NW.

3. NAME OF DECEASED (Type or Print) (First) Riley (Middle) Dameron (Last) Moore

4. DATE OF DEATH (Month) 4 (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 9. 1884
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician MD & OD
10b. KIND OF BUSINESS OR INDUSTRY Physician
11. BIRTHPLACE (State or foreign country) Cherokee Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Moore
14. MOTHER'S MAIDEN NAME Myrtle Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage into fourth ventricle	6 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	Years
	(c) Acute Pulmonary Edema	hours

443
93a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1949, to 4-24, 1949, that I last saw the deceased alive on 4-24, 1949, and that death occurred at 11:12 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) DeVoe K. Meade M.D. ADDRESS Takoma Park Md DATE SIGNED 4/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 27, 1949
NAME OF CEMETERY OR CREMATORY Fred Lincoln Cemetery
LOCATION (City, town, or county) Pr. Geo. County (State) Md

DATE REC'D BY LOCAL REG. 4/25/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW ADDRESS D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Broschart - called.
Have permission for Dr Wade attending physician
to issue death certificate.
O. Bennett

RECEIVED
APR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03916

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 645 Poplar ave	STREET ADDRESS (If rural give location) 7209 — 13th St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Adolphus	Nelson	April	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White		Mar 14-1860	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Minister	Sweden	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew P. Nelson	Johanna Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		daughter —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr Degenerative Myocarditis	
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) with Decomps —	24 hrs.
	(c) Gen Arteriosclerosis —	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr 21, 1949, to 4/1/49, that I last saw the deceased alive on 3/31/49, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard T. Morse	M.D.	28 Carroll Ave. Takoma Park Md	4/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	April 4 1949	Cedar Hill Crematory	Prince Geo County	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/49		J. Arthur Walters	254 Carroll St. NW. D.C.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

mw

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03917

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 11405 Lux Manor Rd

3. NAME OF DECEASED (Type or Print) (First) Clyde (Middle) Julius (Last) Nesser, Jr

4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 29, 1933
9. AGE last birthday 15 yrs. If under 1 year Months 6 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clyde J. Nesser, Sr
14. MOTHER'S MAIDEN NAME Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

815.5

Antecedent cause(s)

170 a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Concussion

(c) Fracture of left leg & left patella

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway (CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-16-49 7:30 P.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Rode motor scooter in to rear of car

22. I hereby certify that I attended the deceased from Dep. med. Exam. Case, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Broschart M.D. Dep. med. Exam. ADDRESS Gaithersburg Md DATE SIGNED 4-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 23, 1949
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) Rockville, Maryland (State)

DATE REC'D BY LOCAL REG. 4-22-49
REGISTRAR'S SIGNATURE N. E. Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
APR 24 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03918

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural)
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland 8 COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 118 Summerfield Road

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Harrington (Last) Niblack

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 4-2-69
9. AGE last birthday 80 yrs. If under 1 year Months 0 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) California
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Harrington
14. MOTHER'S MAIDEN NAME Sarah Tennent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Captain W.H. Leahy USN, nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Operative hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Rectum — indefinite (symptoms one mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION 26 April 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1949, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE E. L. Mahon Jr. (Degree or title) ADDRESS DATE SIGNED
E. L. MAHON, Jr., Lt. JG MCR USNR, US Naval Hospital, Bethesda, Md. 4-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-29-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. 4-26-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR Joseph Gawler, Washington, D.C. ADDRESS R.J.H.

RECEIVED
APR 30 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03919

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Boyd's Montg. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyd's
LENGTH OF STAY (in this place) 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyd's
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) A. (Last) Nicholson

4. DATE OF DEATH (Month) April (Day) 25 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov-4-1875

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Boyd's, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Daymude

14. MOTHER'S MAIDEN NAME Ellen Ann Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs James Birch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Pulmonary Edema	10 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Acute Congestive Failure	4 days
	(c)	Diabetic Acidosis	4 days

260

61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerular Nephritis — 5 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2 Aug., 1948, to 25 Apr., 1949, that I last saw the deceased alive on 25 Apr., 1949, and that death occurred at 10 P.m., from the causes and on the date stated above.

SIGNATURE Gordon McSmith (Degree or title) M.D. ADDRESS Boyds, Md DATE SIGNED 25 April 49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 4/28/49 NAME OF CEMETERY OR CREMATORY Presbyterian LOCATION (City, town, or county) Boyd's (State)

DATE REC'D BY LOCAL REG. 4/27-1949 REGISTRAR'S SIGNATURE Mrs. C.C. Hilton

24. FUNERAL DIRECTOR William B. Hilton ADDRESS

RECEIVED
MAY 3 1949
BUREAU V. S.

Evidence for addition of birth date & change of age is on:

FILM No. G 120 MAY 4 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03920

Reg. Dist. No. 714

The original is especially important. Physicians: please write the causes of death clearly and legibly. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Pershing Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington COUNTY DC.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 1822 Monroe St NW

3. NAME OF DECEASED (Type or Print) (First) CIARA (Middle) MANDERFIELD (Last) None

4. DATE OF DEATH (Month) APR (Day) 18 (Year) 1949

5. SEX FEMALE | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED | 8. DATE OF BIRTH 11/7/1872 | 9. AGE last birthday 76 77 yrs. | If under 1 year Months 5 Days 11 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Philadelphia Pa. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Joseph Manderfield | 14. MOTHER'S MAIDEN NAME ELLEN J. GRAHAM.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Viona Stearns (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure.	24 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Ascending Colon.	June '46
	(c) Recurrent, Postoperative.	

153
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov - 47 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma - recurrent after Resection of Asc. colon | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Apr 18, 1949 that I last saw the deceased alive on Apr 14, 1949 and that death occurred at 10:02A m., from the causes and on the date stated above.

SIGNATURE James E McCann (Degree or title) M.D. ADDRESS 1150 Conn. Ave NW DATE SIGNED 4-18-49

25. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 4/20/49 | NAME OF CEMETERY OR CREMATORY Mt. Olivet | LOCATION (City, town, or county) Washington | (State) Dc.

DATE REC'D BY LOCAL REG. Apr. 19, 1949 | REGISTRAR'S SIGNATURE Josephine M. Schaffer | 24. FUNERAL DIRECTOR Francis J. Collins | ADDRESS 3821-14th St. NW. Wash. D.C.

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APR 22 1949
BUREAU V. S.

BIRTH CER: UNNAMED F SMITH 11/29/19 Fredk Ralph Creager and Beulah Roberta Smith

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03921

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highway #240 near — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clarksburg, Md.	STREET ADDRESS (If rural give location) 10,116 Brunett Ave.

3. NAME OF DECEASED (Type or Print) (First) Katharine Louise (Middle) (Last) O'Hara			4. DATE OF DEATH (Month) Apr (Day) 18 (Year) 1949			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Nov. 29, 1919	9. AGE last birthday 29 yrs.	If under 1 year Months 4 Days 20	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Frederick Co., Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John H. Kaffman			14. MOTHER'S MAIDEN NAME Beulah Rebecca Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 214-03-8482		17. INFORMANT Mrs. Beulah R. Price, mother			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of skull — few minutes

825.5

Antecedent cause(s)

170 c

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) highway	(CITY OR TOWN) Clarksburg	(COUNTY) Monty	(STATE) Md
TIME OF INJURY (Month) Apr (Day) 18 (Year) 49 (Hour) 9P m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? auto accident		

22. I hereby certify that I attended the deceased from Dep Med Exam Cor, that I last saw the deceased alive on ....., 19....., and that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D. Dep Med Exam	Gaithersburg Md	4-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE April 21, 1949	NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Md.
DATE REC'D BY LOCAL REG. April 20, 1949	REGISTRAR'S SIGNATURE Della W. Burdette	24. FUNERAL DIRECTOR Warner E. Pumphrey	ADDRESS Silver Spring, Md.

RECEIVED
APR 22 1949
BUREAU V. S.

Birth cer: LOUIS EDW O HARA Juhe 28 1916 Fredk
HARRY GARRETT & ROSE O'HARA
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03922

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highway #240 near
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clarksburg, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10,116 Brunett Ave.

3. NAME OF DECEASED (Type or Print) (First) Louis Edward O'Hara (Middle) (Last) O'Hara
4. DATE OF DEATH (Month) Apr (Day) 18 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 28, 1916
9. AGE last birthday 32 yrs. If under 1 year Months 9 Days 21 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Installer -- C. & P. Telephone Company
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ijamsville, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Rose O'Hara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 1945-1948
16. SOCIAL SECURITY NO. 578-18-7818
17. INFORMANT Mrs. Beulah R. Price, mother-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: Killed instantly

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

825.5
170 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway
(CITY OR TOWN) Clarksburg (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Apr (Day) 18 (Year) 49 (Hour) 9 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? auto accident

22. I hereby certify that I attended the deceased from Def Med 19 Exam Carl, 19....., that I last saw the deceased alive on....., 19..... and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Broschart M.D. Def Med Exam.
ADDRESS Gaithersburg Md
DATE SIGNED 4-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 21, 1949
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Frederick, Md. (State)

DATE REC'D BY LOCAL REG. April 20, 1949
REGISTRAR'S SIGNATURE Della N. Burdette
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS Silver Spring, Md.

RECEIVED
APR 22 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03923

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Highway #240 near — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Clarksburg, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 10,116 Brunett Ave.

3. NAME OF DECEASED (Type or Print): (First) Sandra K. (Middle) (Last) O'Hara

4. DATE OF DEATH: (Month) April (Day) 18, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 4, 1945

9. AGE last birthday: 4 yrs. If under 1 year: Months 0, Days 15, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Lewis Edward O'Hara

14. MOTHER'S MAIDEN NAME: Katharine Louise Kaffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Beulah R. Price, grandmother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.5
170 C

Immediate cause (a) Fracture of cervical Vertebra — few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway
(CITY OR TOWN): Clarksburg (COUNTY): Montg (STATE): Md
TIME OF INJURY (Month) Apr (Day) 18 (Year) 49 (Hour) 9 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY Ooccur?: auto accident

22. I hereby certify that I attended the deceased from Dec 14, 49, to Apr 18, 49, that I last saw the deceased alive on ....., 19....., and that death occurred at 9:- P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank J. Bronhart M.D. Dep Med Exam — ADDRESS: Gaithersburg Md — DATE SIGNED: 4-18-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: April 21, 1949 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county): Frederick, Md. (State):

DATE REC'D BY LOCAL REG.: April 20, 1949 — REGISTRAR'S SIGNATURE: Della N. Burdette — 24. FUNERAL DIRECTOR: Warner C. Pumphrey — ADDRESS: Silver Spring, Md.

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sellman (rural) LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sellman (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Onley

4. DATE OF DEATH (Month) Apr (Day) 30 (Year) 1949

5. SEX male

6. COLOR OR RACE col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH July 26 1877

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Montg County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Onley

14. MOTHER'S MAIDEN NAME Rachel Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Florence Onley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH died suddenly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described [redacted], held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, f[redacted] said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, occident ☐, suicide ☐, [redacted]nicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 4-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Buriel DATE THEREOF May 4 NAME OF CEMETERY OR CREMATORY Mt Zion LOCATION (City, town, or county) (State) near Barnesville Md

DATE REC'D BY LOCAL REG. May 4 1949 REGISTRAR'S SIGNATURE Charles W. Colgan

24. FUNERAL DIRECTOR Clarence H. Davis ADDRESS Poolesville Md

RECEIVED
DEC 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03924 y 14
Reg. Dist. No.

1. PLACE OF DEATH:
County: Montgomery
City or town: Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 months
Hospital, Institution, or street address where death occurred:
3120 McComas Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Washington, D. C.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1761 Euclid St., N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Louise Park

3.(b) Social Security Number ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) March 14, 1866

8. AGE: Years	Months	Days	If less than one day
83	1	8	hrs. min.

9. Birthplace: Michigan (Town, county, and state)
10. Usual occupation: Government Clerk -- retired
11. Industry or business

FATHER
12. Name: Henry H. Park
13. Birthplace: Pa.

MOTHER
14. Maiden name: Rachel Githel
15. Birthplace: Pa.

16. Informant: Miss Janet L. Hastie
Address: 196 North Water, New Burgh, New York

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 25, 1949 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery
Location: Suitland, Md.
18. Funeral director: Warner E. Pumphrey
Address: 8434 Ga. Ave., Silver Spring, Md.
19. Apr. 25 (Date rec'd by registrar) 1949 Josephine M. Schaeffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 22nd 1949 at 12:00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/15 1949, to 4/22 1949
and that I last saw h-er alive on 4/21 1949

	DURATION
Immediate cause of death: Cerebral hemmorhage	1 hour
Due to: 331	
Due to: 83a	
Other conditions: generalized arteriosclerosis - tumor abdomen -	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Patrick C. Jameson M. D. or other
Address: 11602 Ga. Ave Silverton, Md Date signed 4/22/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply very item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 28 1949
BUREAU V. S.

Evidence for addition of birth date

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 APR 26 1949

CERTIFICATE OF DEATH

2/6
03925
Reg. Dist. No. 4-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Montgo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.	STREET ADDRESS (If rural give location) 200 Jones Bridge Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
mrs Maw Phillips	4 - 16 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	Wh.		March 3, 1878	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		~~Germany~~ Washington D.C.	U.S.A. yes m Amer

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian Ziegler	Carolyn ~~Smith~~ Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute left ventricular heart failure	30 minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
443 932	(c) Arteriosclerotic heart disease; hypertensive cardiovascular disease; Marked atherosclerosis & calcification of descending aorta moderate	over 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

(over)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov, 1948, to Apr 16, 1949, that I last saw the deceased alive on Apr 16, 1949, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph W. Cassels, M.D.	1736 I St. N.W.	17 Apr 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 20	Rock Creek Cem	Wash D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/19/49	H.E. Johns	Deal Funeral Home	

VS. A15

Additional diagnoses: arteriosclerotic cardiovascular disease, cerebral thrombosis undetermined

RECEIVED
APR 20 1949
BUREAU V. S.

Evidence for addition in #21 shown on:

FILM No. G 120 MAY 26 1949

03926

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery Enroute to Hosp MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (BURKELEY) (First) Buckeley (Middle) (Last) Presley

4. DATE OF DEATH (Month) Apr. (Day) 26 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Feb 14 1922
9. AGE last birthday 27 yrs. If under 1 year Months 2 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Labour
11. BIRTHPLACE (State or foreign country) Drill Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marion J Presley
14. MOTHER'S MAIDEN NAME Cora Ray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Marion J Presley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

824.5 Immediate cause (a) Cerebral hemorrhage due to — Fever

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of skull — minutes

170 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street
(CITY OR TOWN) Rockville (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) Apr (Day) 26 (Year) 49 (Hour) 48 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell from back of truck in motion (5/25/49)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 4-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 29
NAME OF CEMETERY OR CREMATORY Flower Hill
LOCATION (City, town, or county) Redland Md (State)

DATE REC'D BY LOCAL REG. 4/28/49
REGISTRAR'S SIGNATURE Mrs. E. P. Thompson Per Frank P. Henley
24. FUNERAL DIRECTOR Rob W Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03927

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 14 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrett Park; STREET ADDRESS (If rural, give location) 32 Kenilworth Ave

3. NAME OF DECEASED (Type or Print): (First) Smith; (Middle) Leroy; (Last) PUTNAM

4. DATE OF DEATH: (Month) April; (Day) 4; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-27-82

9. AGE last birthday: 67 yrs. If under 1 year: Months 1; Days 7; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William C. Putman

14. MOTHER'S MAIDEN NAME: Nellie Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): SW

16. SOCIAL SECURITY No.:

17. INFORMANT: wife: Mrs. Janet C. Putnam

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Hemorrhage, Cerebral — Interval Between Onset and Death: 16 hrs.

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — over 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1949, to April 4, 1949, that I last saw the deceased alive on April 4, 1949, and that death occurred at 3:32 P m., from the causes and on the date stated above.

SIGNATURE J.H. Young (Degree or title) ADDRESS DATE SIGNED

J. H. YOUNG, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 4-4-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-7-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 4-4-49

REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR: W.E. Pumphrey Funeral Home

ADDRESS: 8434 Ga. Ave Silver Spring, Md

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03928

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Key West
STREET ADDRESS (If rural, give location) 132 C Poinciani ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jean	Eloise	RABEY	April	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	W-US	single	4-21-49	yrs.		6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KeyWest, Florida
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: RABEY, Joseph P.
14. MOTHER'S MAIDEN NAME: MERCEDES, Marie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: father: Joseph P. Rabey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
756.2 Immediate cause	(a) Pneumonia, Aspiration, massive, rt lung	2 days
157g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atresia of Esophagus, Congenital	6 days
	(c) Tracheo-esophageal fistula	6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 26, 1949, to April 27, 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 2:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. T. Fowler Jr.
J. T. FOWLER, Jr., Cdr. MC USN, US Naval Hospital, Bethesda, Md. 4-27-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4-29-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-27-49	Mary C. Patterson	W. W. CHAMBERS, 1400 Chapin St., N.W. Wash., D.C.

VS. A15

RECEIVED
APR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03929

CERTIFICATE OF DEATH

Reg. Dist. No. 1 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 20 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 814 L St., S.E.

3. NAME OF DECEASED (Type or Print): (First) Jenive (Middle) Ganon (Last) RHODES

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1949

5. SEX: female

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 8-17-89

9. AGE last birthday: 59 yrs. If under 1 year: Months 8 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: PADGETT, Charles A.

14. MOTHER'S MAIDEN NAME: STANT, Elly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: husband: Howard F. Rhodes, USMC Retired Qtr.Master Sgt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 Immediate cause	(a) Left Ventricular Failure, Acute	1 hour 1 hour
Antecedent cause(s)		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction	6 wks.
	(c) Hypertensive Cardiovascular Disease	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1949, to April 22, 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. M. SPAULDING, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 4-22-49

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE: 4-26-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 4-22-49

REGISTRAR'S SIGNATURE: Mary C. Patterson
Mary C. Patterson
Registrar

24. FUNERAL DIRECTOR: W. W. CHAMBERS, 517 11th St., S.E., Wash., D.C. ADDRESS

VS-A15

RECEIVED
APR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03930

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place) 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia; STREET ADDRESS (If rural give location) 514 Gropp St., NE

3. NAME OF DECEASED (Type or Print): (First) Jasper (Middle) (n) (Last) Richardson

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 7, 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months 11 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Richardson

14. MOTHER'S MAIDEN NAME: Clarrie Monique

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Emma Richardson (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 Immediate cause (a) Gastric Gangrene + dehiscence operation Wound — Interval between onset and death: 5 days

46a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Esophagus — Months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 7-1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Esophagus

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Wbile at Work ☐ Not Wbile At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1949, to April 12, 1949, that I last saw the deceased alive on April 12, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE R. N. SHELLEY, Cdr. MC USN (Degree or title) ADDRESS US Naval Hospital, Bethesda, Md. DATE SIGNED 4-12-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 4-16-49 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. 4-14-49 — REGISTRAR'S SIGNATURE Mary C. Patterson Registrar — 24. FUNERAL DIRECTOR ADDRESS Stewart Funeral Home, 30 H St., NE, Wash. DC

J.T.S.JR.

RECEIVED
APR 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03931

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh
STREET ADDRESS (If rural give location) 224 Avenue F. ✓

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) AUGUSTA (Last) RIDDELL

4. DATE OF DEATH: (Month) APRIL (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: Oct. 27, 1863

9. AGE last birthday: 85 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): London England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace A. Abbed

14. MOTHER'S MAIDEN NAME: Nellie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Lawrence A. Riddell (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) CEREBRAL HEMORRHAGE

23a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ESSENTIAL HYPERTENSION

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 23, 1949, to APRIL 27 1949, that I last saw the deceased alive on APRIL 26, 1949, and that death occurred at 2:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry Lowden M.D. 1603 19th N.W., WASHINGTON, D.C. 4-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal + Burial | DATE THEREOF apr. 28, 1949 | NAME OF CEMETERY OR CREMATORY Homewood Cemetery | LOCATION (City, town, or county) (State) Pittsburgh, Pa

DATE REC'D BY LOCAL REG. apr. 28, 1949 | REGISTRAR'S SIGNATURE Josephine M. Schaeffer | 24. FUNERAL DIRECTOR ADDRESS W. W. Chamberlin Co. 1400 Chapin St. Wash. D. C.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03932

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH · COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery (Md.)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainer
STREET ADDRESS (If rural give location): 3005 Bunker Hill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lucy	Margaret	RILEY	4	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	March 5, 1889	60 yrs.	1	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Alabama	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Riley	Margaret Vines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. W. L. Foltz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
193 Immediate cause (a) Glioblastoma Multiforme of the Brain	years.
54b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 23 1949, to April 29, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 9:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. S. Madison	Lt. JG MCR USNR	US NAVAL HOSPITAL, Bethesda, Md.	4-30-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Transportation	4-30-49	Rock Creed	Bessemer,	Alabama

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-30-49	Mary C. Patterson	W. W. CHAMBERS	1400 Chapin St. N.W. Wash. D.C.

A.F.F.

VS-A15

RECEIVED
MAY 3 1949
BUREAU V. S.

17646 A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03933

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place) 2 da. 3 hrs 49 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) Route # 2

3. NAME OF DECEASED (Type or Print): (First) Sandy (Middle) Lee (Last) Rogers.

4. DATE OF DEATH: (Month) 4 (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4-18-49

9. AGE last birthday: yrs. If under 1 year: Months Days; If under 24 hrs.: Hours 5 Min 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Montg. MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Andrew Rogers

14. MOTHER'S MAIDEN NAME: Mildred Lucille Mantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Clarence Andrew Rogers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ATELECTASIS, BRONCHO-PNEUMONIA	24 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BRONCHO PNEUMONIA, ASPHYXIA	36 HRS
	(c) MENINGEAL AND LOCALIZED CEREBRAL HEMORRHAGE	36 HRS

763.0
160.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18, 1949, to 4-21, 1949 that I last saw the deceased alive on 4-21, 1949 and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ira W Pearlman M.D. Suburban Hosp 4-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE 4-21-49 | NAME OF CEMETERY OR CREMATORY Suburban Hospital | LOCATION (City, town, or county) Bethesda (State) Md

DATE REC'D BY LOCAL REG. 4-31-49 | REGISTRAR'S SIGNATURE N.E. Jobes

24. FUNERAL DIRECTOR A. B. Solon ADDRESS 8600 Old Georgetown Rd Bethesda Md

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03934 214
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9226 Colesville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 9226 Colesville Rd.

3. NAME OF DECEASED (Type or Print): (First) Morton (Middle) E. (Last) Rose

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 10, 1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months 0 Days 6 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Gov't Employee

10b. KIND OF BUSINESS OR INDUSTRY: War Dept.

11. BIRTHPLACE (State or foreign country): Fairfield, Ind.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hezekiah O. Rose

14. MOTHER'S MAIDEN NAME: Mary A. Humphreys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Hilleary Rose

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Cardiac Decompensation	1-2 yrs
95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 43, to 16 April, 19 49, that I last saw the deceased alive on 8 April, 19 49 and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. Reed, M D		Silver Spring Maryland	16 April 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 18, 49	Cedar Hill	Suitland, Prince George, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 16, 1949	Josephine M. Schaeffe	Warner E. Pumphrey, Inc.	8434 Ga. Ave., Silver Spring, Md.

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03935

CERTIFICATE OF DEATH

Reg. Dist. No. 714

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 513 Schuyler Road

3. NAME OF DECEASED (Type or Print): (First) CLEMENT (Middle) DOWD (Last) ROZZELLE

4. DATE OF DEATH: (Month) Apr. (Day) 26, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug. 24, 1880

9. AGE last birthday: 68 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Denver, North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles E. Rozzelle

14. MOTHER'S MAIDEN NAME: Zana Davenport

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Dowd Rozzelle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 **Immediate cause** (a) Cerebral Hemorrhage — Interval Between Onset and Death: 10 days

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Hypertensive Heart disease — 3 years

(c) Arteriosclerosis & Hypertension — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN): — | (COUNTY): — | (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1946, to Apr. 26, 1949, that I last saw the deceased alive on Apr 26, 1949, and that death occurred at 1.9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Emil G. Bauersfeld, M.D. | Bethesda, Maryland | 4/26/49.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: Apr. 28, 1949 | NAME OF CEMETERY OR CREMATORY: ROCK CREEK CEM. | LOCATION (City, town, or county) (State): WASHINGTON, D.C.

DATE REC'D BY LOCAL REG.: Apr 26 1949 | REGISTRAR'S SIGNATURE: Josephine M Schaffer | 24. FUNERAL DIRECTOR: Martin W. Hyson Co. | ADDRESS: 1300 "N" St. N.W. Washington, D.C.

VS. A15

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APR 28 1949
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03936

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md
STREET ADDRESS (If rural, give location) 301 Lincoln Ave.

3. NAME OF DECEASED (Type or Print) (First) Dr. Roxette (Middle) L. (Last) Runk
4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2-24-18
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician
10b. KIND OF BUSINESS OR INDUSTRY Doctor
11. BIRTHPLACE (State or foreign country) Upper Tract - West Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Landis -
14. MOTHER'S MAIDEN NAME Sarah E ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hosp Record -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
410 Immediate cause	(a) Myelogenous Leukemia	6 months
74a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Manitoba	
	(c) Probable old Rheumatic Mitral disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Last 6 month, 19..., to 4/18/, 1949, that I last saw the deceased alive on 4/18/, 1949, and that death occurred at 6:P. m., from the causes and on the date stated above.

SIGNATURE Chas. M. Wolohan (Degree or title) MD ADDRESS 500 Underwood NW DATE SIGNED Wash. DC

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/21/49.
NAME OF CEMETERY OR CREMATORY Geo Washington Mem
LOCATION (City, town, or county) Pr. George's County (State) Md

DATE REC'D BY LOCAL REG. 4/18/49
REGISTRAR'S SIGNATURE J. Wilson D.S.
24. FUNERAL DIRECTOR Arthur Walters ADDRESS 254 Carroll St. Takoma Park - DC

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APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03937

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) (First) Leslie (Middle) Roy (Last) Sabine
4. DATE OF DEATH (Month) Apr. (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 5 1882
9. AGE last birthday 66 yrs. If under 1 year: Months 9 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Sabine
14. MOTHER'S MAIDEN NAME Elizabeth Fancy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Walter Sabine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: died suddenly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dep. Med. Exam. case, that I last saw the deceased alive on ....., 19....., and that death occurred at 10:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Bronhart M.D. Gaithersburg, Md
ADDRESS Dep. Med. Exam.
DATE SIGNED 4-2-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE April 3 1949
NAME OF CEMETERY OR CREMATORY None
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4/2/49
REGISTRAR'S SIGNATURE L. D. Bell
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville
ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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03938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 9 hrs + 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 7440 Georgia Ave. N.W.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Shea
4. DATE OF DEATH (Month) 4 (Day) 27 (Year) 1949
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 1894
9. AGE last birthday 54 yrs. If under 1 year Months 11 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Scranton, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Michael J. Shea
14. MOTHER'S MAIDEN NAME Mary Anne Benett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Mary Sharp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary Edema	18 Hrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	4 years
	Right coronary infarction	
	(c) Hyalitis	1 wk

420.1
94.a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to April 27, 1949, that I last saw the deceased alive on 4/27 1949, and that death occurred at 4:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth Haughan Wm. ADDRESS DATE SIGNED 4/27/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4-29-49
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) D.C. (State)
DATE REC'D BY LOCAL REG. 4-27-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR Collins Funeral Home ADDRESS D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Evidence for addition of 196.15 on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 JUN -6 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 14 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
   STREET ADDRESS (If rural give location) 3224 Martha Custis Dr. ✓

3. NAME OF DECEASED (Type or Print): (First) Bertram Eugene Graham (Middle) SILVER (Last)

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 11-8-86

9. AGE last birthday: 62 yrs. | If under 1 year: Months 5 Days 17 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RetiredCivil Service

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SILVER, Henry

14. MOTHER'S MAIDEN NAME: SWEET, Abbie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If year, give war or dates of service) WWI

16. SOCIAL SECURITY No.

17. INFORMANT: wife: Mrs. Ruth Silver

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intestinal Obstruction

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of the Colon -

(c) Benign Prostatic Hypertrophy, post-operative

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy (6/6/49)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1949, to April 25, 1949, that I last saw the deceased alive on April 25, 1949, and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. W. Miller Jr. Lt. MC USN, US Naval Hospital, Bethesda, Md. 4-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE: 4-28-49 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 4-25-49 | REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR: S. H. HINES, 2901 14th St., N. W., Wash., D.C. ADDRESS

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APR 26 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural)
LENGTH OF STAY (in this place) 2 mons. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Iowa COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Agency
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Alfred (Last) SLAGLE
4. DATE OF DEATH (Month) April (Day) 28 (Year) 1949
5. SEX male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1-2-30
9. AGE last birthday 19 yrs. If under 1 year Months 3 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ~~Iowa~~ Mo.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME SLAGLE, Harry Alvin
14. MOTHER'S MAIDEN NAME ALFRED, Helen Vivian
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) April 48
16. SOCIAL SECURITY NO. to death
17. INFORMANT Mother: Mrs. Helen A. Coleman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Meningitis ventriculitis, Post-operative	6 days
Antecedent cause(s)	(b) Internal Hydrocephalus due to	years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) stenosis of the cerebral aqueduct of Sylvius	years

355

15/a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2-10-49 3-18-49
19b. MAJOR FINDINGS OF OPERATION Hydrocephalus due to stenosis of cerebral aqueduct of sylvius
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1949, to April 28, 1949, that I last saw the deceased alive on April 28, 1949, and that death occurred at 6:50 A.m., from the causes and on the date stated above.

SIGNATURE M S Madison (Degree or title) ADDRESS DATE SIGNED
M. S. MADISON, Lt. JG MC USNR, U.S. Naval Hospital, Bethesda, Md. 4-28-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 5-4-49
NAME OF CEMETERY OR CREMATORY Batavia Cemetery
LOCATION (City, town, or county) (State) Batavia, Iowa

DATE REC'D BY LOCAL REG. 4-28-49
REGISTRAR'S SIGNATURE Mary C. Patterson
24. FUNERAL DIRECTOR W. W. CHAMBERS, 1400 Chapin St., N.W. Wash., D.C. ADDRESS

O.M.K.

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APR 30 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03941

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (in this place) 167 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 5338 Belt Road, NW

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) David (Last) Slagle

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6-11-90

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk, Treas. Dept.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Slagle

14. MOTHER'S MAIDEN NAME: Susan Wildon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.:

17. INFORMANT: Brother: Robert Slagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Toxemia & Cachexia

Antecedent cause(s)

116d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno carcinoma, rectum — Interval between onset and death: 1944

(c) Metastasis to spine & sacrum — 1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1944, 1948-1949

19b. MAJOR FINDINGS OF OPERATION: adeno ca. rectum, Metastasis to spine

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1948, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 12:05 Pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. L. May
R. L. MAY, Lt MC USN, US Naval Hospital, Bethesda, Md. 4-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-29-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 4-26-49 — REGISTRAR'S SIGNATURE: Mary C. Patterson

24. FUNERAL DIRECTOR ADDRESS: S.H. HINES, WASHINGTON, D.C.

K.R.B.

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APR 30 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03942

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gettysburg
STREET ADDRESS (If rural, give location) 129 Breckenridge St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Morris (Last) Small
4. DATE OF DEATH (Month) April (Day) 1 (Year) 1949
5. SEX male
6. COLOR OR RACE W-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 12-12-81
9. AGE last birthday 67 yrs. If under 1 year Months 3 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Marine Corps
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Wm. Henry Small
14. MOTHER'S MAIDEN NAME Emma V. Neice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO.
17. INFORMANT wife: Mrs. Martha K. Small

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 Immediate cause (a) Bronchopneumonia

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Vascular Accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1949, to April 1, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS DATE SIGNED
Wm. W. Miller Jr., Lt. MC USN, US Naval Hospital, Bethesda, Md. 4-1-49

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE THEREOF 4-4-49 NAME OF CEMETERY OR CREMATORY Gettysburg National LOCATION (City, town, or county) (State) Gettysburg, Pa.

DATE REC'D BY LOCAL REG. 4-1-49 REGISTRAR'S SIGNATURE Mary C. Patterson [signature] 24. FUNERAL DIRECTOR J. MILTON BENDER, Gettysburg, Pa. ADDRESS

RECEIVED
APR 4 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03943

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 1 mon. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 3023 14th St.N.W.Wash., D.C.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (n) (Last) SMITH
4. DATE OF DEATH (Month) 4 (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-4-61
9. AGE last birthday 88 yrs. If under 1 year: Months 0 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy Retired
10b. KIND OF BUSINESS OR INDUSTRY U.S.Navy
11. BIRTHPLACE (State or foreign country) Demark
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Julius Smith
14. MOTHER'S MAIDEN NAME Adolphina Christiensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) S.A. WW I
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 Immediate cause (a) Uremia

131 b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular Heart Disease — A.I.

(c) Glomerulonephritis, Chronic

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1949, to April 16, 1949, that I last saw the deceased alive on April 16, 1949, and that death occurred at 7:25 P m., from the causes and on the date stated above.

SIGNATURE L. J. Pope (Degree or title) ADDRESS L. J. POPE, Cdr. MC USN, US Naval Hospital, Bethesda, Md. DATE SIGNED 4-16-49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 4-19-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 4-16-49
REGISTRAR'S SIGNATURE Mary C. Patterson
Mary C. Patterson
Registrar

24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS S.H.HINES 2901 14 St.N.W. Wash., D.C.

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APR 20 1949
BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03944

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville — LENGTH OF STAY (in this place): 40 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 712 E. Montg. Ave.	STREET ADDRESS (If rural give location): 712 E. Montg. Ave.

3. NAME OF DECEASED (Type or Print) (First) [illegible]	(Middle) Mabel E.	(Last) Smith	4. DATE OF DEATH (Month) April (Day) 16 (Year) 1949	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: May 3, 1861	9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Frederick Co. Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Albert Cramer		14. MOTHER'S MAIDEN NAME: Rebecca Stotlmyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: May Smith (daughter)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Arteriosclerosis, Coronary Thrombosis

Antecedent cause(s)

131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertension Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1948, to 4/16, 1949, that I last saw the deceased alive on 4/16, 1949, and that death occurred at 8:05 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. E. Hawks		Rockville Md	4/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4-19-49	NAME OF CEMETERY OR CREMATORY: Utica Church Cemetery	LOCATION (City, town, or county) (State): Utica-Frederick, Maryland
DATE REC'D BY LOCAL REG.: 4-19-49	REGISTRAR'S SIGNATURE: E. P. Thompson	24. FUNERAL DIRECTOR: Robert A. Pumphrey	ADDRESS: Bethesda, Md.

RECEIVED
APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03945

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 1434 D St., S.E.

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) Leon (Last) SMITH

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 8-8-90

9. AGE last birthday: 58 yrs. | If under 1 year: Months 8 Days 19 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash., D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SMITH, William H.H.

14. MOTHER'S MAIDEN NAME: STEWART, Annie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Mabel B. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension Heart Disease
932 (c) Hypertension Arterial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1949, to April 27, 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. E. BILLMAN, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 4-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-2-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 4-27-49 | REGISTRAR'S SIGNATURE: Mary G. Patterson

24. FUNERAL DIRECTOR: Pope Funeral Home, 414 15th St., S.E. Wash., D.C. — ADDRESS

Alexander S. Pope

VS. A15

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MAY 2 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03946

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (In this place) 1 mon. 21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1439 Gerard Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Bull (Last) SNIVELY

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1949

5. SEX: male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2-22-82

9. AGE last birthday: 67 yrs. — If under 1 year: Months 1, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SNIVELY, William

14. MOTHER'S MAIDEN NAME: BULL, Mary D.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife: Mrs. Annie R. Snively

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma, Bronchogenic, Bilateral	6 Mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

162
470

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1949, to April 7, 1949 that I last saw the deceased alive on April 7, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) — ADDRESS — DATE SIGNED

Wm. F. QUEEN, Cdr. MC USN, US Naval Hospital, Bethesda, Md. 4-7-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4-12-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG. 4-7-49

REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS, 1400 Chapin St., N.W., Wash., D.C.

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APR 11 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 mo & 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY ?
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) York
STREET ADDRESS (If rural give location) 564 Lancaster Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) ? (Last) Snyder
4. DATE OF DEATH (Month) 4 (Day) 1 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 8-7-1902
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Harvey A Nusbaum
14. MOTHER'S MAIDEN NAME Fannie Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis - axilla - arm (skin of breast left)	1 yr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma - left breast	3 yrs +
	(c)	

170
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-27-49
19b. MAJOR FINDINGS OF OPERATION Two biopsies - skin overlying left breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-26-1949, to 4-1-1949, that I last saw the deceased alive on 3-31-1949, and that death occurred at 12:33 a.m., from the causes and on the date stated above.

SIGNATURE Lead N. Calvert M.D. (Degree or title) ADDRESS 7894 Ga. Ave., Silver Spring Md DATE SIGNED 4-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/4/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) York Penna. (State)
DATE REC'D BY LOCAL REG. 4/1/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS 254 Carroll St Takoma Park - D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 5 1949
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2-14 03948

Reg. Dist. No. 2

1. PLACE OF DEATH:

County: MONTGOMERY

City or town: TAKOMA PARK
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 706 GARLAND AVE.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 YEARS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: MONTGOMERY

City or town: TAKOMA PARK Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 706 GARLAND AVE.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: JOHN SPITZMILLER

3. (b) Social Security Number:

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ANNA

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): MAY 16 1870

8. AGE: Years: 78 Months: Days: If less than one day: hrs. min.

8. Birthplace: POPLAR BLUFF MISSOURI
(Town, county, and state)

10. Usual occupation: RAILROAD MAN

11. Industry or business: (RETIRED)

FATHER
12. Name: GEORGE SPITZMILLER
13. Birthplace: IRONTON MO

MOTHER
14. Maiden name: Louise ?
15. Birthplace:

16. Informant: CLARA SPITZMILLER (DAUGHTER)

Address: 706 GARLAND AVE TAKOMA PARK MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 2, 1949 (month) (day) (year)

Cemetery or crematory: Rock Creek Cemetery

Location: Washington DC.

18. Funeral director: Frank Geier's Sons CO

Address: 3605-14th St NW Wash DC.

19. Apr. 30 1949 (Date rec'd by registrar) Josephine M. Schaeffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APRIL 29 1949, at 1:08 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEB. 20 1949, to APR 29 1949, and that I last saw him alive on APR 28 1949.

Immediate cause of death: UREMIA

DURATION: 6 WKS.

Due to: HYPERTENSIVE - ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH

Due to: RENAL INVOLVEMENT

Other conditions: GOUT, Severe

442
131a (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George P. George M.D. M. D. or other

Address: 8055 13th St Silver Spring Md Date signed: 4/29/49

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MAY 5 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03949

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg M.D.
LENGTH OF STAY (in this place) All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Rural Gaithersburg M.D. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg M.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ella (Last) Stewart

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb-1-1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry King
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Richard Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	½ hr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dep. med Exam case, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Brosefrat M.D. Dep. med Exam. ADDRESS Gaithersburg Md DATE SIGNED 4-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 23 1949
NAME OF CEMETERY OR CREMATORY Brook Grove M.D.
LOCATION (City, town, or county) Montgomery Co. (State) MD

DATE REC'D BY LOCAL REG. April 22, 1949
REGISTRAR'S SIGNATURE Almeda G. Cooke
24. FUNERAL DIRECTOR Roy W Barber Gaithersburg M.D. ADDRESS

RECEIVED
APR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03950

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (In this place) 11 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethesda jail

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Cabin John
STREET ADDRESS (If rural, give location) Persimmon Tree Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	William	Sullivan	Apr.	30th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	Married	Sept 13, 1899	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auto Mechanic	Mechanic	Montgomery Co., Md.	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Sullivan	Jennie B. Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	577-20-5198	Brother-Joseph C. Sullivan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — died suddenly

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but nnt related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Nnt while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brosnan	M. D.	Gaithersburg Md	4-30-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 3, 1949	St. Gabriels Catholic	Potomac, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-2-49	W.E. Jobe	Robert A. Pumphrey	Bethesda, Md

RECEIVED
MAY 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03951

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4905 - 41st St Washington D.C.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mrs. (Middle) Mae (Last) Tarmon

4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH Aug. 10, 1886

9. AGE last birthday 62 yrs. If under 1 year Months 8 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Louisville, Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward H. Savage

14. MOTHER'S MAIDEN NAME Mary Nord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Acute Myocardial Infarction — Interval between onset and death: 3 days

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus & Diabetic Acidosis — 1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to 23 April, 1949, that I last saw the deceased alive on 23 April, 1949, and that death occurred at 3:43 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. Richard Rawenfeld M.D. 7345 Wisconsin Ave Bethesda Md 23 April 1949

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 2-26-49 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Prince Geo Co. Md.

DATE REC'D BY LOCAL REG. 4-23-49 REGISTRAR'S SIGNATURE M E Jobe

24. FUNERAL DIRECTOR Sherry Chase Funeral Home ADDRESS 5103 Wis Ave D.C.

RECEIVED
APR 26 1949
BUREAU V. S.

03952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Carl (Middle) Mansfield (Last) Terry

4. DATE OF DEATH (Month) Apr (Day) 17 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 19, 1906
9. AGE last birthday 42 yrs. If under 1 year: Months 3, Days 28; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Terry
14. MOTHER'S MAIDEN NAME Susie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Varnell Terry. (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral edema due to acute alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 2 days

322.0

Antecedent cause(s)

47C

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dep Med Exam Case, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE Frank J. Broschart M.D. Dep Med Exam. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 4-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 4-19-49
NAME OF CEMETERY OR CREMATORY Washington, DC
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Apr. 19, 1949
REGISTRAR'S SIGNATURE Josephine M Schaeffer
24. FUNERAL DIRECTOR Robert L. Snowden, Malvan & Schaeffer, Rockville Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03953

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland. County: Montgomery

City or town: Chevy Chase

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4826 Wellington Drive

(If rural, give LOCATION)

2.(a) If veteran, name war: World War I.

3.(a) FULL NAME: NELSON THOMAS

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Margaret F. Thomas

6.(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Jan. 23, 1878

8. AGE: Years: 71 | Months: 3 | Days: 4 | If less than one day: ....hrs. ....min.

9. Birthplace: Bells Tenn.
(Town, county, and state)

10. Usual occupation: Lawyer.

11. Industry or business: U.S. Government

FATHER

12. Name: David H. Thomas

13. Birthplace: Williamson, Tenn.

MOTHER

14. Maiden name: Emma N. Parker

15. Birthplace: Haywood Tenn.

16. Informant: A.F. Hopkins

Address: 906 Gallatin St. N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 28. 1949 (month) (day) (year)

Cemetery or ~~crematory~~: Arlington Nat'l Cemetery

Location: Arlington, Virginia

18. Funeral director: The J.H. Hines Co

Address: 2901 14th St NW. Wash. D.C.

19. Apr 26 1949 (Date rec'd by registrar) Josephine M. Schaeffe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 25 1949 at 11:37 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1949, to April 25 1949 and that I last saw h.l.m. alive on April 25 1949

	DURATION
Immediate cause of death: Cerebral Thrombosis	5 weeks
Due to: Arterio-sclerosis General	1 yr
Due to: 332 83.6	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ....Date of op. ....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ....Date of ....

Where did injury occur? ....(City or town) ....(County) ....(State)

Injured at home, farm, industry, public place (where?) ....

Means of injury: ....Injured at work?

23. SIGNATURE: Harry Zehner M.D. M. D. or other

Address: 1821 Que St NW Wash DC Date signed: 4/25/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03954

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural); LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 933 H St., N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gaston	Ross	Upchurch	April	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	4-16-00	49 yrs.	0	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Radio-oper-Mech.		Tenn.	US

13. FATHER'S NAME: UPCHURCH, ?

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
16. SOCIAL SECURITY NO. (If year, give war or dates of service): WWI & WWII
17. INFORMANT: sister: Mrs. Paul Hunter, 421 Longwood Dr. Cedar Rapids, Iowa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia, extensive	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spontanous Pneumothorax	48 hrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cirrhosis of liver	?

520
124

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1949, to April 22, 1949, that I last saw the deceased alive on April 22, 1949 and that death occurred at 4:25 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
John H. Hege Lt MC USN	John H. HEGE, Lt. MC USN, US Naval Hospital, Bethesda, Md.	4-23-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-26-49	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-23-49	Mary C. Patterson	W.W. Chambers, Washington, D.C.

VS. A15

RECEIVED
APR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03955

Reg. Dist. No. 215

1. PLACE OF DEATH· COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Neb. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) LENGTH OF STAY (in this place): 4 mons. 15 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Omaha
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL,	STREET ADDRESS (If rural give location): 4841 Farmun St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Earnest (Last) VAN BROCKLIN		4. DATE OF DEATH (Month) (Day) (Year) April 17 1949	
5. SEX: male	6. COLOR OR RACE: W-US	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single	8. DATE OF BIRTH: 9-4-88
9. AGE last birthday: 60 yrs.	If under 1 year Months: 7 Days: 13	If under 24 hrs. Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Nebraska	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: VAN BROCKLIN, James W.		14. MOTHER'S MAIDEN NAME: WILLIAMS, Ada	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW I	16. SOCIAL SECURITY No.	17. INFORMANT: niece: Mary J. Hebert	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cor pulmonale, chronic	7 yrs
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Emphysema lung	13 yrs
	(c) Bronchial Asthma	30 yrs

241

112

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 2, 1948, to April 17, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE John W. Flynn (Degree or title) ADDRESS DATE SIGNED

John W. FLYNN, Lt. JG MC USN, US Naval Hospital, Bethesda, Md. 4-18-49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 4-22-49	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 4-18-49	REGISTRAR'S SIGNATURE Mary L. Patterson ~~Mary C. Patterson~~ Registrar	24. FUNERAL DIRECTOR W. W. CHAMBERS, 1400 Chapin St., N. W. Wash., D.C.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03956

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) — LENGTH OF STAY (In this place) 1 Mon. 13 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural give location) 1359 Columbia Road, NW

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Gertrude (Last) Warrington

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-27-88

9. AGE last birthday: 61 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.: 0 — 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Josiah Cohe

14. MOTHER'S MAIDEN NAME: Ida Christopher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: (Daughter) Miss. Alice Warrington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 Immediate cause (a) Carcinoma Cervix — Interval between onset and death: 2+ years

480 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Postoperative Shock — 8 hours.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-22-49

19b. MAJOR FINDINGS OF OPERATION: Extensive Carcinoma pelvic Pelvis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1949, to April 22, 1949, that I last saw the deceased alive on April 22, 1949, and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE Paul Peterson (Degree or title) ADDRESS DATE SIGNED

PAUL PETERSON, Captain MC USN, US Naval Hospital, Bethesda, Md. 4-22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Apr. 25, 1949 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county) (State): Easton Maryland

DATE REC'D BY LOCAL REG. 4-22-49 — REGISTRAR'S SIGNATURE: Mary J. Patterson

24. FUNERAL DIRECTOR: R ELLIS CLARKE, EASTON MARYLAND — ADDRESS

R.E.C.

RECEIVED
APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03957

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) | LENGTH OF STAY (in this place) 2 mons. 19 da
   HOSPITAL OR INSTITUTION OR STREET ADDRESS US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash., D.C. — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
   STREET ADDRESS (If rural give location) 818 "B" St., S.E.

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Mason (Last) WASHINGTON

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1949

5. SEX: male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 8-15-94

9. AGE last birthday: 54 yrs. | If under 1 year: Months 8 Days 12 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chicken picker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: JOHNSON, Robert Va. dec.

14. MOTHER'S MAIDEN NAME: WASHINGTON, Nancy Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: mother: Mrs. Nancy Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas with Cachexia

157 Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Subphrenic Abscess

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Edema of Rt. Lung, atelectasis, L. Lung

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 2/15/49

19b. MAJOR FINDINGS OF OPERATION: Ca of Pancreas with Liver metastasis

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1949, to April 27, 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 7:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. Park, Cdr. MC USNR — ADDRESS US Naval Hospital, Bethesda, Md. — DATE SIGNED 4-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE 5-3-49 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 4-27-49 | REGISTRAR'S SIGNATURE Mary C. Patterson

24. FUNERAL DIRECTOR — ADDRESS W. Ernest Jarvis, 1132 U St., N. W., Wash., D.C.

J.W.H

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03958

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Mae (Last) Wilson

4. DATE OF DEATH: (Month) Apr (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-14-1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm R. Busbey

14. MOTHER'S MAIDEN NAME: Lucille Delphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Mae Brake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431 **Immediate cause** (a) Acute Myocarditis — Interval Between Onset and Death: 15 min.

930 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronhart M.D. (Degree or title) — ADDRESS Gaithersburg Md — DATE SIGNED 4-25-49
Dep. Med. Exam.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF April 27, 1949 | NAME OF CEMETERY OR ~~CREMATORY~~: Glen Wood | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: April 25, 1949 | REGISTRAR'S SIGNATURE: Edmonds L. Cooke | 24. FUNERAL DIRECTOR: William F. Leech, Hyattsville, Md. — ADDRESS

VS. A15A

RECEIVED
APR 26 1949
BUREAU V. S.

Evidence for change in #18-part 2 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03959

FILM No. G 12[illegible] MAY 24 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) — LENGTH OF STAY (in this place): 2 mons. 7da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Washington, D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 433 4th St., S.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur		Woodson	M April	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Col. US	married	12-21-95	53 yrs.	3	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: WOODSON, Roland
14. MOTHER'S MAIDEN NAME: Josephine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY No.:
17. INFORMANT: wife: Mrs. Gertrude Woodson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

150 Immediate cause (a) Epidermoid Carcinoma of Esophagus — 1 year.

46a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Pulmonary Tuberculosis c Cavitation — Unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1949, to April 1, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 0810 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. F. Berry
ADDRESS: Lt. JG MC USN, US Naval Hospital, Bethesda, Md.
DATE SIGNED: 4-1-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4-5-49	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG. 4-1-49
REGISTRAR'S SIGNATURE: Mary G. Patterson
24. FUNERAL DIRECTOR: Barnes & Matthews, 614 4th St., S.W. Wash., D.C.

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03960

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5503 Worthington Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5503 Worthington Dr.

3. NAME OF DECEASED (Type or Print) (First) Maria (Middle) Magdalena (Last) Zeender

4. DATE OF DEATH (Month) Apr (Day) 20 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Nov. 30 1879
9. AGE last birthday 69 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Switzerland
12. CITIZEN OF WHAT COUNTRY? Switzerland

13. FATHER'S NAME Samuel Jacob
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT Robert M. Zeender

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: found dead in bed

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Deg Med Exam Case, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank J. Burchart M.D. Deg Med Exam
ADDRESS Gaithersburg Md
DATE SIGNED 4-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE April 22, 1949
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Prince Georges Co., Md. (State)

DATE REC'D BY LOCAL REG. 4-20-49
REGISTRAR'S SIGNATURE N. E. Jobes
24. FUNERAL DIRECTOR The S.H. Hines Co.
ADDRESS 2901-14th St, N.W. Wash. (9) D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1949
BUREAU